



G664 Haven Hall Ann Arbor, Michigan 48109-1045

Voice (734) 763-3000 ♦ Fax (734) 936-3947

## **Authorization to Release Information**

1,	, hereby consent and authorize Services
for Students	with Disabilities, G-664 Haven Hall, Ann Arbor, MI 48109-1045,
to release inf	formation gained during testing, counseling, rehabilitation,
and/or psych	otherapy with me to:
	Name:
	Address:
	City, State, Zip:
	Telephone Number:
Purpose of di	sclosure:
I understand	that this authorization for confidential information applies only
to the individ	lual or agency named above and does not permit the release of
information of	concerning me to any other agency or individual. I further
understand t	hat I may revoke this consent at any time except for release of
information t	hat has already occurred.
Signature: _	Print Name:
Witness:	Date:
I hereby wish	n to revoke the above consent.
Signature: _	
Witness: _	
Date: _	