



Services
for Students
with Disabilities

G664 Haven Hall
Ann Arbor, Michigan
48109-1045

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

Authorization to Release Information (for use within U-M)

I, _____, hereby consent and
Authorize _____

(Name and Address)

to release information gained during testing, counseling, rehabilitation,
and/or psychotherapy with me to:

University of Michigan
Services for Students with Disabilities
G-664 Haven Hall
505 S. State Street
Ann Arbor, Michigan 48109-1045

Purpose of disclosure: _____

I understand that this authorization for confidential information applies only
to the individual or agency named above and does not permit the release of
information concerning me to any other agency or individual. I further
understand that I may revoke this consent at any time except for release of
information that has already occurred.

Signature: _____ Print Name: _____

Witness: _____ Date: _____

I hereby wish to revoke the above consent.

Signature: _____

Witness: _____

Date: _____