



FRANCISCAN UNIVERSITY
OF STEUBENVILLE

The Office of Student Success
Egan Hall, Room 105
Phone: 740p 284p 5358 / Fax: 740p
284p 7095

*** CONFIDENTIAL ***

CONSENT AND AUTHORIZATION TO RELEASE INFORMATION TO SASS

Pursuant to Federal and State Guidelines concerning my right to confidentiality and privileged communication, I _____ hereby authorize:

Person or Organization

Address

City, State, Zip

Phone Number

Fax Number

To release the following information from my file:

- ____ Diagnosis (*generally used for physical/medical disabilities and/or conditions*)
- ____ Psych-Educational/Neuropsychological Evaluations (ADHD and learning disabilities)
- ____ Psychological Evaluation
- ____ History of previously used accommodations
- ____ Other: _____

Purpose of disclosure: Documentation needed to request academic, dietary, and/or housing accommodations at post-secondary institution.

The information is to be provided to:

The Office of Student Success
Franciscan University of Steubenville, 105 Egan
Hall 1235 University Blvd
Steubenville, OH 43952

Phone: 740-284-5263
Fax: 740-284-7095
keasterday@franciscan.edu

I understand this authorization for confidential information applies only to the individual named above and only for the purpose stated above on the scheduled date and time and does not permit the release of information concerning me to any other individual or at any other time to the individual named above. In addition, I understand I may revoke this consent to release information at any time, but recognize that any release made between the time I authorized it and then revoked it shall not constitute a breach of my right to confidentiality.

A photocopy or fax of this authorization shall be considered as effective and valid as the original.

Print Name: _____

Signature: _____

Student ID#: _____

Date of Birth: _____

OSS Staff or Witness

Date