SUU SOUTHERN UTAH UNIVERSITY
LEARNING LIVES FOREVER

Disability Support Office

351 W. University Blvd.
Cedar City, Utah 84720
Phone 435-865-8022
FAX 435.865.8235

Authorization to Release & Discuss Medical or Other Confidential Information

I, _____, hereby authorize any physician, counselor, psychologist, psychiatrist, vocational rehabilitation counselor, social worker, or other person to release and discuss with Southern Utah University any information in their possession that provides a diagnosis and/or description of associated functional limitations and capabilities as well as any information they possess relative to previous or currently needed accommodations. The information will be used by Southern Utah University for accommodations and assistance with academic or any other needs in my behalf.

A photocopy of this authorization shall be accepted as if it were a signed original and is valid throughout my association with Southern Utah University. By signing this release, I confirm that I have read and understand the information on this page and that I am in agreement with the authorization I now make.

Signature_____

Date of Authorization _____

Please send information to:
Carmen Alldredge
Disability Support Office
Southern Utah University
351 W. University Blvd.
Cedar City, UT 84720
FAX 435.865.8235

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