

Juilliard

Office of Academic Support and Disability Services

RELEASE OF DISABILITY RELATED INFORMATION

I understand that, as part of my registration with The Juilliard School's Office of Academic Support and Disability Services (OASDS), and to enable them to provide services and accommodations (if appropriate), OASDS may need pertinent documentation, including but not limited to, medical and psychological reports from professional and medical practitioners related to the disability, its impact on my ability to participate in my course of study and performance at Juilliard, as well as information of previous evaluations, accommodations and academic performance. I understand that I am responsible for providing the information needed directly to OASDS.

I understand further that there may be circumstances where OASDS professionals may need to speak with the medical or professional practitioner who has provided information or documentation to clarify the information so as to assist with determinations about accommodations.

- I authorize the professionals who have treated me and have the necessary information about my circumstances to provide the information to OASDS.
- I authorize the professionals who have treated me to respond to inquiries from OASDS about my disability, its impact on my performance and potential accommodations.

I understand further that the information provided to OASDS will be maintained in accordance with the Confidentiality Policy of OASDS which is readily available on the OASDS page of Juilliard's website.

I understand that I can terminate this release, or any portion of it, at any time with written notification to the Office of Academic Support and Disability Services. I also understand that such restrictions may limit the ability of the School to provide accommodations that they feel are in my best interest.

Copies of this form may be provided by me to my treating professional and medical practitioners so that they may respond appropriately to Juilliard. If I revoke any authorization I shall inform Juilliard and the relevant professional and medical practitioner.

Print Name _____

Signed _____ Date _____

Parent/Guardian if student is under 18 years of age

Signed _____ Date _____