



Office of Academic Support and Disability Services
AUTHORIZATION FOR RELEASE OF INFORMATION

(This form should be completed when a student desires to have information shared with 3rd party individuals or organizations not listed on the FERPA release form).

I (Name of the Student): Click or tap here to enter text.

JSNY Student ID Number: Click or tap here to enter text.

TJS Student ID Number: Click or tap here to enter text.

Give the Office of Academic Support and Disability Services (OASDS) at The Juilliard School permission to release and exchange information with the following listed below to determine reasonable accommodations for my disability in accordance with the Americans with Disability Act of 2008.

Name of the Individual to release information to: Click or tap here to enter text.

Title/Organization/Relation: Click or tap here to enter text.

Phone number: Click or tap here to enter text.

Email Address: Click or tap here to enter text.

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Phone number: Click or tap here to enter text.

Email Address: Click or tap here to enter text.

I give OASDS permission to discuss and share the following types of information: (Check all preferred.)

- Registration and Accommodation Verification – including registration status with OASDS, approved, and denied accommodations.
- Supporting Documentation – including all third party records, diagnosis, assessments, evaluations, medical reports, and functional limitations.
- Academic information – including academic standing, attendance, and academic progress reports.
- Progress Reports – including reports on involvement with OASDS, interaction notes, topics discussed with OASDS staff, reports from instructors.
- Other: (Please specify) Choose an item.

This permission will expire one year from the date of signature or when I inform OASDS, in writing, of my desire to discontinue disclosure of information to the party identified above.

Student's Signature:

X _____

Date: Click or tap to enter a date.