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Documentation Sharing

I authorize Accessibility Resources and Service at the University of North Carolina Chapel Hill to receive or disclose information and/or documentation regarding my disability and/or medical condition(s) and accommodations as detailed below for the purpose of determining and managing services and accommodations in the post secondary education setting (as outlined by Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990).

Last Name * _____

First Name * _____

Student Email - please provide your UNC-CH email if you are a current student *

PID * _____

Disclose? *

?

Disclose - ARS will use your authority given by this form to share your information and/or documentation with the person/agency you have specified

?

Other...

I authorize Accessibility Resources and Service to receive or disclose information with the named person/agency below: * _____

Organization: _____

Address:

Recipient's/Agency's Email: * _____

Recipient's/Agency's Telephone Number: * _____

One time only or ongoing? *

?

This is a 'one time only' release of information request

?

This is an ongoing release of information request

Information to be received / disclosed: *

?

Documentation - Medical records / psychological tests/reports

?

Accommodation(s) information including information about resources and services granted / utilized

?

Other

Additional notes

Form in which documentation should be released: *

?

Electronic

?

Mail

?

Verbal

?

Other

I understand that I may withdraw this consent at any time. Unless revoked earlier, this consent expires upon completion of your program at UNC Chapel Hill. *

?

Yes

By providing my UNC PID I affirm that I am electronically signing this document and consent to conducting this transaction by electronic means. If I do not wish to sign this document electronically, I understand that I may request a hard copy from ARS. *

Submit

Source URL: <https://ars.unc.edu/students/request-forms/documentation-sharing>