

CONSENT FOR RELEASE OF INFORMATION

I, the undersigned, do give my consent for release of information. This information is to be utilized by The University of Houston – Clear Lake Disability Services Office to assist in my educational program. I authorize the Disability Services Office to discuss my disability and any special accommodations I am requesting with proper medical personnel, rehabilitation counselors, university counselors and university instructors. I understand that all information pertaining to my case will be kept confidential as is mandated by state law.

Student Signature

Date

Witness