

**Northern Illinois University
Center for Access-Ability Resources**

Consent to Release Information

I understand that if a Northern Illinois University faculty or staff member is asked to provide a disability-related accommodation, that person may contact the NIU Center for Access-Ability Resources (CAAR) for verification of my disability and clarification of appropriate accommodations.

While CAAR staff will not release specific documentation about a disability, they will verify that the appropriate disability documentation is on file with CAAR and share with the faculty/staff the necessary/appropriate accommodations.

I authorize CAAR to share **more specific detailed information** regarding my disability with NIU personnel who have a legitimate need to know in order to provide appropriate accommodations. This may include: **Faculty, T.A.'s, G.A.'s, Academic Advisors, Counselors, Academic Deans, Departmental Chairpersons, University Administrators**, or others whose response to my request for accommodations may require knowledge regarding my disability.

_____(Initial)

I authorize CAAR to discuss my disability, accommodations, and general progress with my **Parents or Guardians** (list names) _____

_____(Initial)

I authorize CAAR to discuss information regarding my disability with the following **Community Agency/Persons:**

_____(Initial)

I understand that I can amend, change or cancel any or all parts of this release at any time through written notice with CAAR.

Student Signature: _____

Date: _____

Student SS#: _____

I have reviewed this agreement with the student and witnessed the student's signature.

CAAR Staff Signature: _____

Date: _____