

UNIVERSITY OF SOUTH ALABAMA

STUDENT DISABILITY SERVICES



TELEPHONE: (251) 460-7212
5828 OLD SHELL ROAD
MOBILE, ALABAMA 36688-0002
FAX: (251) 414-8176

AUTHORIZATION OF RELEASE OF INFORMATION

I, _____, authorize my current treating physician, psychiatrist, etc...to furnish to or discuss with Special Student Services the nature of my medical condition, medical records, and history of treatment. The purpose of this release is to assist me in my academic program, as well as determining reasonable accommodations at the University of South Alabama. I understand that this authorization may be withdrawn by me at any time through a written, signed, and dated request.

Student Signature: _____ DOB: _____ Date: _____

Treating Physician Information:

Name: _____

Address: _____ (STREET OR P.O. BOX) (CITY) (STATE) (ZIP)

Phone: _____ Fax: _____

Please forward the appropriate documentation to:
Andrea C. Agnew, Director
Student Disability Services
University of South Alabama
5828 Old Shell Road
Mobile, AL 36688
Office: (251) 460-7212 Fax: (251) 414-8176

DOCUMENTATION CRITERIA

- 1. Clearly state the diagnosed disability or disabilities.
2. Describe the functional limitations resulting from the disability or disabilities.
3. Be current, i.e., completed within the last 3 years for LD, 1 year for psychological disabilities, or last 3 years for ADHD and all other disabilities (Note: This requirement does not apply to physical or sensory disabilities of a permanent or unchanging nature.)
4. Include complete educational, developmental, and medical history relevant to the disability for which accommodations are being requested.
5. Include a list of all test instruments used in the evaluation report and relevant subtest scores used to document the stated disability (this requirement does not apply to physical or sensory disabilities of a permanent or unchanging nature.)
6. Be typed or printed on official letterhead and signed by an evaluator qualified to make the diagnosis (include information about license or certification and area of specialization.)