

Center for Student Accessibility
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www.disabilities.eku.edu



EASTERN KENTUCKY UNIVERSITY

Serving Kentuckians Since 1906

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Center for Student Accessibility

Authorization and Release Form

This form authorizes EKU's Center for Student Accessibility ("CSA") to release and receive FERPA protected information for my record.

Student Name: _____ ID #: _____ D.O.B: ____/____/____

Service Provider/Receiver:

Individual or Agency: _____ Name: _____

Address _____ City _____ State _____ Zip _____

Telephone #: _____ Fax #: _____

I hereby authorize _____ (Provider) to disclose to CSA, or any person who is authorized by EKU to handle disability information for ADA purposes, relevant information concerning my

1. Physical/psychological/cognitive condition; or
2. Educational records (CIRCLE ONE);

That is necessary in determining disability eligibility, services and accommodations through the CSA.

I also authorize CSA, or any person who is authorized by EKU to handle the above intended information for ADA purposes, to disclose relevant information concerning my disability to appropriate campus offices, departments, agencies, or medical service providers to create/modify any reasonable accommodations.

I understand that the requested data is for the above-mentioned purposes, and that I may refuse to provide the requested medical or educational information. However, I understand that without the information, EKU CSA cannot make ADA determinations (reasonable accommodations) without relevant disability information.

EKU Campus Residents: I also acknowledge that pursuant to KRS § 164.376, and as a requirement for my living in an EKU Residence Hall that my name and residency assignment will be given to campus housing and security authorities for the purpose of identifying, locating, and assisting me in an emergency situation. _____ Initial. This authorization is valid for one year from the date indicated below or upon receipt to the address above of my signed written notice to withdraw my consent. However, my revocation will not be effective to the extent that others have already taken action in reliance on the authorization.

Student Signature: _____ Date: _____

CSA Representative: _____ Date: _____