



Request to Release Confidential Information

Under section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of please release the complete information concerning the student current physical and/or psychological condition to Dixie State University. In order to receive services and appropriate accommodation as it relates to diagnosis, treatment, capabilities, limitations and recommendations, if you have prescribed medication to this student, please describe any medication side effects that may adversely affect the student’s academic performance or interpersonal behavior.

From:

Name of Student: _____

Date of Birth: _____

Address: _____

City, State, Zip _____

Phone: _____

Student Signature **Date**

To:

Name and Title of Professional: _____

Agency or Clinic: _____

Address: _____

City, State, Zip _____

Phone: _____ **Fax:** _____

**Disability Resource Coordinator
Dixie State University
225 South 700 East
St. George, Utah 84770**

Phone: 435-652-7880 Fax: 435-879-4038 Email: drc@dixie.edu