

AccessAbility Services - University of Waterloo
Needles Hall North, Room 1401
200 University Avenue West, Waterloo, ON N2L 3G1
Phone: 519.888. 4567 ext. 35082. Fax: 519.746.2401
Website: uwaterloo.ca/accessability-services | E-mail: access@uwaterloo.ca

AUTHORIZATION TO RELEASE DOCUMENTATION FORM

PART 1: STUDENT INFORMATION

First and Last Name:	
Student ID Number:	
Personal Email Address:	

PART 2: RECORDS REQUESTED

Psychological Assessment/ Psychoeducational Assessment
UWaterloo Disability Verification Form(s) / Functional Limitation Verification Form(s)
Other (please specify):
Other (please specify):
Other (please specify):
All my medical documentation on file with AccessAbility Services, University of Waterloo

Date(s) of Records Requested (DD/MM/YYYY): _____ to _____

Note: If you do not know the exact dates, please provide your best estimate.

Reason for Request:

PART 3: STUDENT AUTHORIZATION

I authorize AccessAbility Services to send my medical documentation (requested above) to my personal email address, noted above, using the University's file transfer system, Moveit, password protected. I consent to the password being sent, in a separate email, to the same email address.

Student signature:	Date (DD/MM/YYYY):
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