

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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