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: <u>uwaterloo.ca/accessability-services</u> I E-mail: <u>access@uwaterloo.ca</u>

AUTHORIZATION TO RELEASE DOCUMENTATION FORM

PART 1: STUDENT INFORMATION		
First and Last Name:		
Student ID Number:		
Personal Email Address:		
DART 3. DECORDE DECLIECTED		
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):		
\square 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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