THE UNIVERSITY OF TENNESSEE
MARTIN

Office of Disability Services
206-209 Clement Hall
210 Hurt Street
Martin, Tennessee 38238
Office: (731) 881-7195
Fax: (731) 881-7702

Student Information Release Request Form

Student Name: _____ Date: _____

UTM 960#: _____ Date of Birth: _____

Phone number: _____

Address: _____

I hereby give permission for the entity below:

Name of medical provider, clinic, hospital, or office:

_____

Address of medical provider, clinic, hospital, or office:

_____

To release the following information:

___ Individualized Education Program/504 Plan

___ Evaluation Report

___ Medical Records

___ Other _____

This release is for the specific document(s) indicated above. It shall be effective for a period of twelve (12) months from the date of my signature unless I revoke consent in writing prior to the end of that period. Copies of this form and signature are to be considered as valid as the original.

Any information received through this release will be maintained in the student's record in accordance with the state and federal regulations implementing the Family Rights and Privacy Acts (FERPA) and the Individuals with Disabilities Act (IDEA).

These documents should be forwarded to:

Office of Disability Services
ATTN: Manager, Heather Kingery
209 Clement Hall
210 Hurt St
Martin, Tn 3823

Phone: 731.881.7605 Fax: 731.881.7702 Email: disabilityservices@utm.edu

Student Signature: _____ Date: _____