



Disability Resource Center

Student Affairs

UNIVERSITY OF GEORGIA

Name: _____

DOB: _____

UGA ID: _____

Release of Information to Parent / Guardian

To be completed if you wish to authorize the Disability Resource Center to discuss or release any information to a parent or guardian.

I do not wish to authorize the release of information to a parent or guardian.

Parent / Guardian Release

	Parent / Guardian #1	Parent / Guardian #2
Name		
Street Address		
City, State, Zip		
Phone #		
Email		

I understand that by signing this form, I authorize the Disability Resource Center to discuss or release to the above parent/guardian, information regarding my disability to assist in the determination and implementation of reasonable accommodations and to address educational planning needs.

I understand this authorization is voluntary and I may revoke this consent at any time. The revocation will not apply to any action take prior to that date.

Student Signature: _____ Date: _____

Print Name: _____