

Name: _____ Email: _____

Release and Exchange of Information Form

Utah Valley University treats and regards all written documentation obtained to verify a disability and plan for appropriate services as well as all documented services and contracts with the Melisa Nellesen Center for Autism, Wolverines Elevated and the Accessibilities Services Department as confidential. However, it may be necessary for our staff to exchange some information about you with Utah Valley University faculty and staff in order to provide educational opportunities and experiences on and off campus. This exchange will only occur with your written permission, as given in this document below, and with the understanding that only information necessary for the purposes of accommodation and academic progress will be communicated.

Name: _____

I give permission to exchange information about me with the offices/individuals checked below:

- | | |
|---|--|
| <input type="checkbox"/> School District(s) | <input type="checkbox"/> Financial Aid Office |
| <input type="checkbox"/> University Personnel | <input type="checkbox"/> Medical Personnel |
| <input type="checkbox"/> Utah State Office of Rehabilitation (VR) | (in case of emergency or medical needs) |
| <input type="checkbox"/> Division of Services for People with Disabilities (DSPD) | <input type="checkbox"/> Parents/Guardians |
| <input type="checkbox"/> UVU Office of Accessibility | <input type="checkbox"/> Registrar's Office |
| <input type="checkbox"/> Local Independent Living Center (Options for Independence) | <input type="checkbox"/> Housing Office |
| <input type="checkbox"/> Admissions Office | <input type="checkbox"/> Inclusion Office (AA/EO/Title IX) |
| <input type="checkbox"/> Course Instructors | <input type="checkbox"/> Tutor/Mentor |
| | <input type="checkbox"/> Other (specify) |

I agree, as part of the application process, to waive my right to access the student recommendation form.

Additionally, I hereby give permission for the Wolverines Elevated program at Utah Valley University the right to use my photograph and/or quotes and videotapes of me for public relations and/or training purposes.

I am aware that I am participating in a pilot program and that aggregate data (data about the entire group) from this program will be collected and disseminated.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Witness: _____ Date: _____

