



Release of Information: Certified, Licensed Provider

Student Name: _____ Student Id Number: _____

Student Date of Birth: _____ Student Telephone Number: _____

I hereby authorize the certified, licensed professional identified below to discuss my disability and to release medical documentation concerning my disability to the Disability Services Coordinator for Jones International University (JIU). This information is required to substantiate my request for a disability accommodation from JIU. Such information may include the following: diagnosis of a psychiatric, learning or medical condition(s), which may be disabling; information regarding how the condition(s) may affect me in an academic setting; and recommendations for academic accommodations.

Certified, Licensed Provider Contact Information:

Name: _____

Street Address: _____

City _____ State _____ Zip Code _____

Telephone: (_____) _____ - _____ Email: _____

Fax: (_____) _____ - _____

I hereby release and hold harmless Jones International University, including but not limited to its successors, assigns and affiliates, including parents and subsidiaries, and each of their respective directors, officers, employees, agents and representatives, from and against any and all claims, actions, liabilities and damages arising directly or indirectly from JIU's disability accommodation process and its provision of disability services, if any.

I agree that by my signature below, whether reproduced or transmitted via photocopy, facsimile or other process of reproduction and transmission, I am acknowledging my acceptance and agreement of this Release of Information for Disability Services.

Student Signature

Date

Office of Disability Services • Jones International University
Phone: 303.784.8368 Fax: 303.784.8667 Email: disabilities@international.edu
Mailing Address: 9697 E. Mineral Ave. • Centennial, CO • 80112