

Authorization to Exchange Confidential Information

I, _____, Student ID# _____ give my permission to the Disability Services Office of McMurry University to exchange information with: McMurry University Staff and Faculty members, Texas Rehabilitation Commission, Texas Commission for the Blind and Visually Impaired, Veterans Administration, Personal Physician/Diagnostician,

Other: _____ as may be necessary for me to apply for and receive reasonable accommodations related to my disability. I understand that information will be kept confidential.

X _____
Signature Date

OPTIONAL: Additionally, you have my permission to discuss my academics as related to my disability with my parents or legal guardian(s).

Parents' Name(s) Phone #

X _____
Signature Date