

Consent for Release of Confidential Information

Westminster College
Office of Student Affairs
New Wilmington, Pennsylvania

I, (print name) _____ give my consent for the release of information concerning my housing accommodations request. Please check all that apply. Individuals or agencies other than Westminster College educators covered by this release should be listed below those areas that are checked.

_____ To discuss my academic progress and housing needs with my professor(s) and advisor.

_____ To discuss my request for housing accommodations with my parent(s) or guardian(s).

_____ To speak with and/or acquire from my physician or specialist an evaluation as to whether I am experiencing a medical need for housing accommodations and, if so, documentation of that disability and recommendations necessary to assist Westminster College in developing appropriate accommodations or services. (Required if requesting housing accommodations for medical need)

_____ To discuss my financial standing with the Financial Aid Office. (Required if requesting housing accommodation for financial need)

The consent for release of confidential information will end on the date of my graduation or withdrawal from Westminster College. I understand that I can revoke this authorization in writing at any time, with the exception of communication that has taken place before the date this request was received.

Student Signature _____ Date _____

Student Affairs Dean _____ Date _____