



Accommodation Request Release of Information Form

Student Information

Name: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____

Email: _____

Current Academic Year: OMS-I OMS-II OMS-III OMS-IV

Release of Information

This Release of Information Form authorizes the Director of Student Affairs to share your Accommodation Application and all applicable documentation with the following individuals:

- Dean of the Idaho College of Osteopathic Medicine
- Senior Associate Dean for Learner Outcomes and Assessment
- Associate Dean for Academic Affairs
- Assistant Dean of Student Services

All information provided as part of your Accommodation Application is held on a *need to know* basis by individuals involved in making accommodations decisions with you in compliance with applicable laws, rules, and regulations including, but not limited to, The Family Education Rights and Privacy Act (FERPA).

This Release of Information Form also authorizes the Director of Student Affairs to share the accommodations granted on a *need to know* basis to facilitate the implementation of the accommodation. The diagnosis or disabilities requiring the accommodation are confidential and will not be shared with these individuals. Examples of individuals who may need to know about an accommodation include course directors and testing administrators.

I understand that by signing this form, I authorize the Director of Student Affairs to share my information as outlined in this Release of Information.

Signature: _____

Date: _____