

UC SAN DIEGO  
OFFICE FOR STUDENTS WITH DISABILITIES (OSD)

PHONE: 858.534.4382 | FAX: 858.534.4650

**CONSENT TO RELEASE INFORMATION FORM**

Name: \_\_\_\_\_

PID# \_\_\_\_\_

**Initial only one box:**

I authorize the **Office for Students with Disabilities (OSD) at UC San Diego** to communicate with the emergency contact person and medical providers (listed below) as well as UC San Diego faculty and staff in order to obtain and release information (written or verbal) regarding my disability and its impact on major life activities, particularly those which are academic in nature. I understand that I may revoke consent at any time and that this revocation must be delivered to the OSD in writing during standard University business hours. This consent form will be valid beginning the date it is signed until the end of the following academic year unless I stipulate otherwise on this form.

I have chosen **NOT to complete this form**, and I decline to give permission to the OSD to communicate with anyone on my behalf. In doing so, I understand that the OSD may not be able to support my request for accommodations.

Student Signature

Date of Authorization

|                                    |                         |
|------------------------------------|-------------------------|
| Emergency Contact Person           | Relationship to Student |
| Address                            |                         |
| Telephone Numbers (Home/Cell/Work) |                         |
| Fax Number                         | Email Address           |

|                  |            |               |
|------------------|------------|---------------|
| Medical Provider |            |               |
| Address          |            |               |
| Telephone Number | Fax Number | Email Address |

|                  |            |               |
|------------------|------------|---------------|
| Medical Provider |            |               |
| Address          |            |               |
| Telephone Number | Fax Number | Email Address |

# **STOP AND READ CAREFULLY!**

## **Notice of Exception to Rights of Confidentiality And UC San Diego Student Conduct Code/Principles of Community**

I understand that all information disclosed within the Office for Students with Disabilities (OSD) is confidential and will not be discussed with anyone outside the OSD without my written consent as indicated above.

However, exceptions to this will be made under the following conditions:

1. When a student engages or threatens to engage in behavior which poses a danger of causing physical harm to self or others.
2. When a student engages or threatens to engage in behavior which would cause significant property damage OR directly and substantially impede the lawful activities of others.
3. When a student engages or threatens to engage in legal action against UC San Diego and/or UC Regents.

By signing below, I acknowledge that I will adhere to the UCSD Student Conduct Code and Principles of Community. Regulations regarding Student Conduct may be found here: <http://www.ucsd.edu/current-students/student-life/organizations/student-conduct/regulations/index.html> or at the Office of Student Conduct, Student Services Center, 5<sup>th</sup> Floor, Suite 510; 858.534.6225. I further acknowledge that I have been provided with a copy of the UCSD Principles of Community.

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Signature

Date