



DISABILITY SERVICES

THE UNIVERSITY OF TEXAS AT DALLAS  
P.O. BOX 830688 SU22 RICHARDSON, TEXAS 75083-0688  
(972) 883-2098 FAX (972)883-6561

## Authorization for Release of Personal Information

(A photocopy is as valid as the original.)

To: \_\_\_\_\_ Attn: \_\_\_\_\_

Date: \_\_\_\_\_

I, the undersigned, am requesting disability services from The University of Texas at Dallas and hereby request and authorize you to release any information pertaining to the disability for which I am requesting accommodations.

Name: \_\_\_\_\_ Maiden name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ SS#: \_\_\_\_\_

### Privacy Statement

With few exceptions, you are entitled on your request to be informed about the information U. T. Dallas collects about you. Under sections 552.021 and 552.023 of the Texas Government Code, you are entitled to received and review the information. Under section 559.004 of the Texas Government Code, you are entitled to have U. T. Dallas correct information about you that is held by us and that is incorrect.

### Social Security Disclosure

Disclosure of your Social Security Number (SSN) or UTD identification number is requested because it is a unique identification number which is maintained for the purpose of ensuring tracking and accuracy of student information. The disclosure of such information is voluntary. Disclosure of your Social Security number or UTD identification number will be governed by the Public Information Act (Chapter 552 of the Texas Government Code).

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

