

**Disabled Student Services**  
MTSU P.O. Box 7  
Murfreesboro, Tennessee 37132  
(615) 898-2783  
Fax: (615) 898-4893



## **AUTHORIZATION FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_, authorize the release to and discussion with  
**(PLEASE PRINT)**

Disabled Student Services documentation supporting my disability. This documentation must be dated and signed by a qualified professional. Documentation should include a clear and concise diagnosis, age of onset, functional limitations, current level of functioning, test instruments used, and history of treatment.

I understand that this authorization may be withdrawn by me at any time through a written, signed, and dated request.

Disclosure of your social security number (SSN) is required of you in order for Middle Tennessee State University to provide proper accommodations and services as mandated by applicable Federal and State law. Further disclosure of your SSN is governed by the Tennessee Public Records Act and other applicable law.

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

Social Security Number: \_\_\_\_\_

Medical/Education provider or other Authorized Personnel: \_\_\_\_\_

Address: \_\_\_\_\_  
(STREET OR P.O. BOX) (CITY) (STATE) (ZIP)

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Dear medical professional please forward the appropriate documentation to:**

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Disabled Student Services  
MTSU P.O. Box 7  
Murfreesboro, Tennessee 37132  
Office: (615) 904-8246  
Fax: (615) 898-4893

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