

Juilliard

Office of Academic Support and Disability Services

RELEASE OF DISABILITY RELATED INFORMATION

I, the undersigned, understand that in order for The Juilliard School to verify my disability, as well as the functional manifestations of my disability for which academic adjustments, auxiliary aids and/or other accommodative services may be required, the Office of Academic Support and Disability Services and/or the Disability Support Services Committee* must obtain pertinent student evaluations, psychological reports, transcripts, and medical reports from medical practitioners. I understand that to obtain these reports this form must be signed and on file in the Office of Academic Support and Disability Services.

I understand that no one other than the Office of Academic Support and Disability Services and the Disability Support Services Committee has immediate access to my files, and that any information regarding my disability which is gained from these files shall be considered confidential and will only be shared with others on a need-to-know basis. In addition, pertinent information related to my disability may be provided to facilitate the delivery of services on a "need to know" basis. These individuals include, but are not limited to my parents, guardian, spouse, faculty of The Juilliard School, outside professionals and/or agencies involved in my treatment, outside legal counsel, or administration. I further understand that the School will not release my reports, except in accordance with federal and state laws.

I realize that I can amend this release form to exclude individuals as I see fit. I understand that I can terminate this release any time with written notification to the Office of Academic Support and Disability Services. I also understand that such restrictions may limit the ability of the School to pursue recommendations that they feel are in my best interest. By signing this document, I indicate that I understand and agree to the conditions listed above.

Therefore, for the purposes noted above and in accordance with the conditions specified, I hereby authorize release of information from my reports to authorized personnel at The Juilliard School.

Print Name _____

Signed _____ Date _____

Parent/Guardian if student is under 18 years of age

Signed _____ Date _____

*** Disability Support Services Committee members:**

Holly Tedder, *Director of Disability Services & Associate Registrar*, Committee Chair; Joan D. Warren, *Vice President for Enrollment Management and Student Development*; Jennifer Awe, *Dean of Student Affairs*, José García-León, *Associate Dean for Academic Affairs*, Beth Techow, *Health Services Administrator*, Myung Kang-Huenke, *Deputy General Counsel*, Mary Anne Richmond, *Assistant General Counsel*