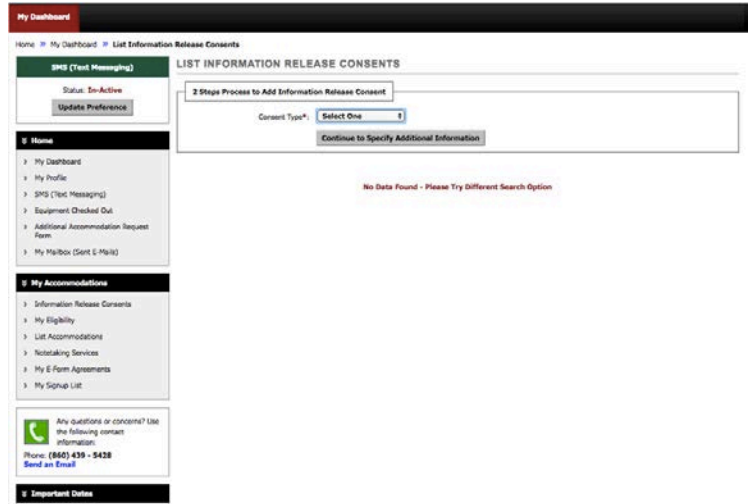


Student Consent for Release of Information to Parents/Providers

Step 1: Log into AIM

Step 2: Click on 'Information Release Consents' in the left-hand column

Step 3: Select 'Parent or Guardian' and click on 'Continue to Specify Additional Information'



LIST INFORMATION RELEASE CONSENTS

2 Steps Process to Add Information Release Consent

Consent Type*: Select One
 Medical Provider(s)
 Other
 Parent or Guardian

[Continue to Specify Additional Information](#)

No Data Found - Please Try Different Search Option

Step 4: Fill in boxes with red star (*), check that you have read and understand information provided about consent and click on 'Submit Information Release Consent Form'

LIST INFORMATION RELEASE CONSENTS

Information Release Consent Form

Consent Type: **Parent or Guardian**

Consent Description: I authorize the Office of Student Accessibility Services to exchange information and/or records regarding my identity, diagnosis, or consultation as necessary.
I understand that I may withdraw consent to this disclosure at any time with written notice of revocation to the Office of Student Accessibility Services, Campus box 5264.

Consent Expires On*: **04/17/2021**
Hint: Enter date in the following format Month / Day / Year (i.e. 12/31/2010).

Full Name*:

Address:

Phone:
Hint: Enter 10-digit number only (i.e. enter 5417377000 for 541 737 7000).

Fax:
Hint: Enter 10-digit number only (i.e. enter 5417377000 for 541 737 7000).

Additional Notes:

Please Read The Following Statement:
I authorize the Office of Student Accessibility Services to exchange information and/or records regarding my identity, diagnosis, or consultation as necessary.
I understand that I may withdraw consent to this disclosure at any time with written notice of revocation to the Office of Student Accessibility Services, Campus box 5264.
 I have read and understand the above statement regarding the release information consent.

[Submit Information Release Consent Form](#)