

The University of Virginia's College at Wise  
ADA Office  
Release of Information Statement

The ADA Office has my permission to inform my professors of my disability and discuss any particular situations. \_\_\_\_/\_\_\_\_/\_\_\_\_ (ADA initials)

The ADA Office has my permission to release my name and address to other students with a similar disability. \_\_\_\_/\_\_\_\_/\_\_\_\_ (ADA initials)

The ADA Office has my permission to release information about my disability, when appropriate, to the Counseling Center. \_\_\_\_/\_\_\_\_/\_\_\_\_ (ADA initials)

The ADA Office has my permission to release my name to media sources as a possible interviewee. (This does NOT give the media source freedom to publish your name without your permission.) \_\_\_\_/\_\_\_\_/\_\_\_\_ (ADA initials)

The ADA Office has my permission to share information with any agency/organization or entity in an effort to obtain additional documentation related to my disability. \_\_\_\_/\_\_\_\_/\_\_\_\_ (ADA initials)

The ADA Office has my permission to release my name as a possible speaker to interested groups and classes. \_\_\_\_/\_\_\_\_/\_\_\_\_ (ADA initials)

\_\_\_\_\_  
*student signature*

\_\_\_\_/\_\_\_\_/\_\_\_\_  
*date*