

Grand View University

INFORMED CONSENT AND RELEASE OF INFORMATION

I, _____, am aware that:

I may request a review of my current Access Plan to a particular context at any time.

It is my right and responsibility to disclose my disability to instructors, program supervisors or other parties when and if I choose to initiate requests for accommodations;

I must make accommodation requests in a timely fashion;

I can request assistance from the Director of Academic Enrichment when making an accommodation request;

I can obtain a full copy of the Grand View Policy for Access and Reasonable Accommodations through the Academic Enrichment Center or Student Handbook.

I can file an appeal with the Vice President of Administration and Finance and Equal Opportunity Officer, if mutually acceptable accommodations can not be established by the Director of Academic Enrichment.

It is my responsibility to give the Director of Academic Enrichment adequate notice when scheduling for alternative testing, a full week when possible.

It is my responsibility to inform and gain approval from instructors if the scheduled time for completing an accommodated test is more than three hours different from the time the test is scheduled for class administration; and

It is my responsibility to schedule enough time to complete the accommodated test during the normal operating hours.

The information concerning my disability is confidential and will not be released without my consent.

THEREFORE, I give my consent to the release of information relevant to my disability and participation in college courses, services, and programs to:

Please initial:

{ _____ } faculty, for instructional purposes

{ _____ } my faculty advisor

{ _____ } Dean/Assistant Dean of Student Life, for housing or dietary requests

{ _____ } Other (please specify): _____

I understand the rights and responsibilities outlined in the Grand View University Policy for Access and Reasonable Accommodation. I have had the opportunity to read and ask questions about the Informed Consent and Release of Information authorization form and my Access Plan.

SIGNATURE: _____

DATE: _____