



RELEASE OF INFORMATION

Aggies Elevated and Utah State University consider all student information to be private, confidential, and protected by law. However, there are times when obtaining information from outside sources is necessary for Aggies Elevated to determine eligibility for the program or to provide services and supports.

We will only share your information if you give us permission by signing this form.

**Leaving items unchecked may delay service provision.*

Student Name: _____

Are you your own legal guardian? Yes _____ No _____

I give permission for Aggies Elevated to exchange information about me with the individuals/offices checked below:

___ Parents/Guardians: _____

___ School District or School Personnel: _____

___ Mental/Behavioral Health Provider(s): _____

___ Utah State Office of Rehabilitation/Vocational Rehabilitation

___ Division of Services for People with Disabilities (DSPD)

___ Relevant USU offices (*Registrar, Financial Aid, Disability Resource Center, etc.*)

___ Medical personnel (*in case of emergency or medical needs*)

___ Campus mental health providers

___ Other (*please specify*): _____

Student Signature: _____ Date: _____

Legal Guardian Signature (*if applicable*): _____ Date: _____