



WESTMINSTER
COLLEGE

Learning Opportunities Center
Authorization for Acquisition and Release of Information

I, _____,
(Student Name – First, Middle, Maiden, Last)

Hereby authorize academic professional staff in the Learning Opportunities Center at Westminster College to obtain information from:

- ___ members of the faculty teaching my courses
- ___ the Office of the Associate Dean and Dean of the Faculty
- ___ the Director of and Administrative Assistant in the Office of Residential and Greek Life
- ___ the Director and Assistant Director of the Office of Career Services
- ___ the Executive Director, Counselors, and Nurse Practitioner in the Wellness Center
- ___ the Dean, Assistant Dean, and Executive Assistant in the Office of Student Life

Hereby authorize academic professional staff in the Learning Opportunities Center at Westminster College to release information from the evaluation conducted to establish the diagnosis of a neurodevelopmental disorder and/or other disorders to:

- ___ members of the faculty teaching my courses
- ___ the Office of the Associate Dean and Dean of the Faculty
- ___ the Director of and Administrative Assistant in the Office of Residential and Greek Life
- ___ the Director and Assistant Director of the Office of Career Services
- ___ the Executive Director, Counselors, and Nurse Practitioner in the Wellness Center
- ___ the Dean, Assistant Dean, and Executive Assistant in the Office of Student Life

Hereby authorize academic professional staff in the Learning Opportunities Center at Westminster College to discuss my conduct, performance, and needs with:

- ___ members of the faculty teaching my courses
- ___ the Office of the Associate Dean and Dean of the Faculty
- ___ the Director of and Administrative Assistant in the Office of Residential and Greek Life
- ___ the Director and Assistant Director of the Office of Career Services
- ___ the Executive Director, Counselors, and Nurse Practitioner in the Wellness Center
- ___ the Dean, Assistant Dean, and Executive Assistant in the Office of Student Life

This authorization covers the period

from ___ (month) ___ (day) ___ (year) to ___ (month) ___ (day) ___ (year).