



RECORDS RELEASE FOR DOCUMENTATION

I, _____, authorize the release of confidential
Print Name

information to the Office of Disability Services at Harding University. *

Student Signature

Date

Date of Birth

Please mail or fax information to:

Bridget Smith
Director of Disability Services
Harding University
Box 12268, Searcy, AR 72149-5615
Phone: 501-279-4019
Fax: 501-279-5702
Email: bdsmith@harding.edu

*ADA General Guidelines for Documentation:

- a clear, diagnostic statement identifying the disability, date of the current diagnostic evaluation, and date of the original diagnosis
- a description of diagnostic criteria and/or diagnostic test(s) used to evaluate
- a description of the current functional impact of the disability
- treatments, medications, assistive devices/services currently prescribed or in use
- a description of the expected progression and/or stability of the impact of the disability over time
- credentials of the diagnosing professional(s)
- any additional information that would help support and identify the need for requested academic accommodations

We reserve the right to request additional documentation if deemed necessary.

*The Disabilities Office is committed to keeping disability-related information confidential in accordance with state and federal laws. (ADA/504 compliance)

A Community of Mission