



**WILLIAM  
PATERSON**  
UNIVERSITY

ACCESSIBILITY RESOURCE CENTER • SPEERT HALL 134  
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### **Consent for Release of Information (to be completed by student):**

I authorize \_\_\_\_\_ (physician or evaluator's name) to disclose the information requested by the Housing Accommodation Request Form and Physician or Disability Evaluator Verification Form to the Accessibility Resource Center at William Paterson University for the purpose of evaluating my request for housing accommodations. I also allow both parties to discuss any information related to my housing accommodation request. I understand that my personal medical information will be shared on a "need to know basis" with other university offices.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_