



# Baylor University

PAUL L. FOSTER SUCCESS CENTER  
Office of Access and Learning Accommodation

## CONSENT WAIVER AND RELEASE OF MEDICAL DOCUMENTATION

Office of Access and Learning Accommodation

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STUDENT NAME: \_\_\_\_\_ ID NUMBER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP, COUNTRY: \_\_\_\_\_

CURRENT PHONE #: \_\_\_\_\_ CURRENT EMAIL: \_\_\_\_\_

### PLEASE SEND MY INFORMATION TO (fill out any that apply):

RECIPIENT: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP, COUNTRY: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

\*If records need to be sent to multiple locations, please fill out an additional form.

### ITEMS TO BE SENT (check):

- Medical Documentation
- Copy of Letter of Accommodations
- Both
- Please send an additional copy to requestor above

### PURPOSE FOR RELEASE (check):

- Medical Provider
- Another Institution
- Other: \_\_\_\_\_

FOR OFFICE USE ONLY: RECEIVED: \_\_\_\_\_ PROCESSED: \_\_\_\_\_

8/23/2019