

**M** Manhattan  
School of Music  
**STUDENT AFFAIRS**

130 CLAREMONT AVENUE, NEW YORK, NY 10027-4698

**RELEASE OF DISABILITY RELATED INFORMATION**

I, the undersigned, understand that in order for Manhattan School of Music to verify my disability, as well as the functional manifestations of my disability for which academic adjustments, auxiliary aids and/or other accommodative services may be required, the Assistant Director of Student Engagement must obtain pertinent student evaluations, psychological reports, transcripts, and medical reports from medical practitioners. I understand that to obtain these reports this form must be signed and on file with the Assistant Director of Student Engagement.

I understand that no one other than the Assistant Director of Student Engagement has immediate access to my files, and that any information regarding my disability which is gained from these files shall be considered confidential and will only be shared with others on a need-to-know basis. In addition, pertinent information related to my disability may be provided to facilitate the delivery of services on a "need to know" basis. These individuals include, but are not limited to my parents or guardian (if under age 18), faculty of Manhattan School of Music, outside professionals and/or agencies involved in my treatment, outside legal counsel, or administration. I further understand that the School will not release my reports, except in accordance with federal and state laws.

I realize that I can amend this release form to exclude individuals as I see fit. I understand that I can terminate this release any time with written notification to the Assistant Director of Student Engagement. I also understand that such restrictions may limit the ability of the School to pursue recommendations that they feel are in my best interest. By signing this document, I indicate that I understand and agree to the conditions listed above.

Therefore, for the purposes noted above and in accordance with the conditions specified, I hereby authorize release of information from my reports to authorized personnel at Manhattan School of Music.

Print Name:

Signed:

Date:

Parent/Guardian (if student is under 18 years of age) Name:

Signed:

Date: