



RELEASE OF INFORMATION

Aggies Elevated and Utah State University consider all student information to be private, confidential, and protected by law. However, there are times when obtaining information from outside sources is necessary for Aggies Elevated to determine eligibility for the program or to provide services and supports.

We will only share your information if you give us permission by signing this form.

**Leaving items unchecked may delay eligibility decisions.*

Student Name: _____

Are you your own legal guardian? Yes _____ No _____ *If yes, be sure to upload proof of guardianship BEFORE the applications close.*

I give permission for Aggies Elevated to exchange information about me with the individuals/offices checked below:

____ Parents/Guardians: _____

____ School District or School Personnel: _____

____ Mental/Behavioral Health Provider(s): _____

____ Utah State Office of Rehabilitation/Vocational Rehabilitation

____ Division of Services for People with Disabilities (DSPD)

____ Relevant USU offices (*Registrar, Financial Aid, Disability Resource Center, etc.*)

____ Medical personnel (*in case of emergency or medical needs*)

____ Other (*please specify*): _____

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name: _____