

Kansas Rehabilitation Services  
Interagency Agreements with Institutions of Higher Education

AUTHORIZATION FOR RELEASE OF INFORMATION

Customer/Student Name \_\_\_\_\_  
Social Security Number (optional) \_\_\_\_\_  
Date of Birth (optional) \_\_\_\_\_

I hereby authorize Kansas Rehabilitation Services (KRS) and the Disability Services Office of \_\_\_\_\_ (name of university, community college or technical school) to share the following information in order to determine my eligibility for auxiliary aids and services and to coordinate the provision of and payment for such services.

- \* Information from my vocational rehabilitation case file, including information verifying my disability (which may include protected health information), my needs for auxiliary aids and services, and planned services.
- \* Information about my class schedule, attendance, and reasonable accommodation needs. Such information will be shared only to the extent necessary for the purposes stated above.

Name of the person, address, and telephone number of the KRS representative authorized to share information:

Name of the person, address, and telephone number of the school's representative authorized to share information:

This authorization will expire on: \_\_\_\_\_ (date). I understand that I have the right to revoke the authorization by delivering such revocation in writing to the KRS and school representatives listed above. Once the uses and disclosures have been made pursuant to this authorization, the information released may be subject to re-disclosure by any recipient and will no longer be protected by federal privacy laws.

I understand that I may inspect or copy the protected health information to be used or disclosed under this authorization. I understand I may refuse to sign the authorization. I understand that the refusal to sign this authorization may mean that the use and/or disclosure described in this form will not be allowed.

I certify that I agree to the uses and disclosures listed above and that I will receive a copy of this authorization.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Personal Representative (if applicable)

\_\_\_\_\_  
Date

Description of Representative's Authority \_\_\_\_\_