



**MCPHS**  
UNIVERSITY

**Office of Student Access and Accommodations: Release of Information (ROI)**

Office of Student Affairs

Boston | Manchester | Worcester

Email: [OSAA@mcphs.edu](mailto:OSAA@mcphs.edu) | Phone: 617-879-5995 | Fax: 617-608-5888

Student's Name:

Student ID:

I hereby authorize MCPHS Office of Student Access and Accommodations to release information for the purpose of:

- requesting accommodations at another institution
- requesting accommodations on a licensure or board exam
- evaluating accommodations (i.e. medical provider etc.)
- coordinating support with other MCPHS Offices (i.e. CASE, Counseling, etc.)
- other: \_\_\_\_\_

I authorize MCPHS Office of Student Access and Accommodations to release information to:

\_\_\_\_\_  
(First and Last Name) (Relationship to Student)

\_\_\_\_\_  
(First and Last Name) (Relationship to Student)

\_\_\_\_\_  
(First and Last Name) (Relationship to Student)

I understand that this consent to disclose may be revoked by me at any time in writing, except to the extent that action has already been taken. This consent expires on:

- Graduation from MCPHS
- Date:

Student Signature:

Today's Date:

Assistant Director of OSAA Signature: *Bridget Sullivan* Today's Date: