HARDING
UNIVERSITY
DISABILITY SERVICES
Box 12268 · Searcy, AR 72149-5615
501-279-4019 · Fax: 501-279-5702

RECORDS RELEASE FOR DOCUMENTATION

I, _____, authorize the release of confidential
Print Name

information to the Disabilities Office at Harding University. *

_____ _____
Student Signature **Date**

_____
Date of Birth

I, _____have provided direct care for _____
Physician **Patient**

related to his/her current diagnosis of _____

DSMV code_____

_____
Physician Signature

Please mail or fax information to:

Bridget Smith
Director of Disability Services
Harding University
Box 12268, Searcy, AR 72149-5615
Phone: 501-279-4019
Fax: 501-279-5702
Email: bdsmith@harding.edu

We reserve the right to request additional documentation if deemed necessary.

*The Disabilities Office is committed to keeping disability-related information confidential in accordance with state and federal laws. (ADA/504 compliance)

A Community of Mission