



Wyoming Institute for Disabilities (WIND)
 Wyoming Assistive Technology Resources (WATR)
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This project adheres to the Health and Human Services Notice of Privacy Practices for Protected Health Information, [45 CFR 164.520]. A copy of this document as well as our institutional policies can be found at our website at www.uwyo.edu/wind/watr/assessments.html.

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

Individual: _____ Birth Date: _____

As the legal parent/guardian, or individual, I authorize:

 (School, Agency, and/or Individual)

 (Mailing address)

 (City)

 (State)

 (Zip Code)

 (Phone)

 (Fax)

and the Wyoming Institute for Disabilities, Wyoming Assistive Technology Resources (WATR) to mutually release and exchange confidential information and records involving educational plans, assessment results, medical, developmental/health history, and/or relevant data.

 Signature of legal parent/guardian, or individual

 Date

*Please sign in blue ink and mail to WIND/WATR at the above address.

Assessment Services will be billed through Wyoming Accessibility Center (WAC)

