

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION TO THIRD PARTIES REGARDING GMAT ACCOMODATION REQUESTS AND RELEASE OF LIABILITY

To protect your personal information, and subject to its Privacy Policy, GMAT Disability Services will not respond to inquiries from or provide information to third parties regarding your accommodation request, unless you have specifically authorized us to do so through this form. By signing this form, you are authorizing the Graduate Management Admission Council (GMAC) and its officers, employees and agents to disclose, to the individuals you have designated below, any information to which GMAC has access related to your accommodation request, including but not limited to, the nature of your request, status of review of the request, and any information concerning your mental and/or physical health. Also, by signing this form, you are releasing GMAC and its officers, employees and agents from any claims, demands or liability related to or resulting from the disclosure of such information by GMAC, its officers, employees or agents. GMAC reserves the right at its sole discretion to determine whether to disclose any information, and if so, which information to disclose to those individuals you have designated. This form does not in any way obligate GMAC to release any information.

I, _____, hereby voluntarily authorize the Director of GMAT Disability Services and his/her designees to disclose at their discretion any information to which GMAC has access related to my accommodation request (including but not limited to my personal, mental and/or physical health information) to the following individuals:

_____	_____	_____
Name	Organization	Relationship
_____	_____	_____
Name	Organization	Relationship
_____	_____	_____
Name	Organization	Relationship
_____	_____	_____
Name	Organization	Relationship
_____	_____	_____
Name	Organization	Relationship

Signed: _____ Date: _____

GMAT ID: _____(if available)

GMAT Test Accommodations FAX: +1(952) 681-3681

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