

**Authorization to Release Health Information to 3rd Parties
Pertaining to MCAT Accommodations**

For the protection of your private information, the MCAT Office of Disability Services will not accept inquiries from or provide information to third parties regarding your accommodation request, unless specifically authorized to do so by you through this release form. By completing this authorization, the Association of American Medical Colleges will be released from any liability resulting from release of information regarding the accommodation request to the below-designated parties.

I, _____, hereby voluntarily authorize the Director of the Office of Disability Services or his designated staff at the Association of American Medical Colleges (AAMC) to discuss my personal medical and health information, pertaining to my request for an MCAT® accommodation, with the following parties:

Name	Organization	Relationship
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Name	Organization	Relationship
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Name	Organization	Relationship
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Name	Organization	Relationship
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Name	Organization	Relationship
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Signed: _____ Date _____