



**Birthingway College of Midwifery**  
 12113 SE Foster Road  
 Portland, Oregon 97266  
 503-760-3131

Consent to Release Confidential Information

Birthingway College must follow all applicable State and Federal laws (Family Educational Rights and Privacy Act, FERPA), rules and regulations that apply to student records. Therefore, all information contained in the college records which is personally identifiable to any student shall be kept confidential and not released except: Upon express written consent of the student; In compliance with a judicial order or lawfully issued subpoena; To provide necessary information to school officials with legitimate educational interest; and/or To notify appropriate officials in cases of health and safety emergencies.

\_\_\_\_\_  
 Student's legal name: First MI Last

\_\_\_\_\_  
 Date

**I hereby authorize a two-way disclosure for Birthingway's ADA/Section 504 Coordinator to release information to and to request information from:**

Name: \_\_\_\_\_ Agency or Relationship: \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Method of Disclosure: (check all that apply)  
 Verbal       Written       Email

Specific Information to be Released:  
 Disability accommodations       Disability diagnosis and related limitations  
 Other (specify): \_\_\_\_\_

Purpose of Disclosure: \_\_\_\_\_  
 \_\_\_\_\_

This authorization is valid until \_\_\_\_/\_\_\_\_/\_\_\_\_

**I understand that I may revoke this authorization at any time in writing.**

\_\_\_\_\_  
 Student Signature

Please submit this completed release directly to Natalie Hutchison Duff.