



**Birthingway College of Midwifery**  
 4550 SW Betts Avenue #142, Beaverton, OR 97075  
 503-760-3131 | birthingway.edu

## 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 Holly Scholles, holly@birthingway.edu