



Engaging Minds. Embracing the World.

Student Academic Support Services – Office of Accessibility Services

Consent to Release Information

I, _____ (Please Print) authorize the Office of Accessibility Services staff to discuss academic and/or housing accommodations and specifics of my disability with the following individuals on a “need to know basis”:

Please Initial

- _____ Faculty members of courses in which I am enrolled
- _____ My Academic Advisor
- _____ Coordinator of Academic Counseling
- _____ Coordinator of Tutoring & Student Support
- _____ My Parents or Guardians (*names*) _____
- _____ Counseling Services _____
- _____ Housing & Residence Life
- _____ Vocational Rehabilitation Counselor _____
- _____ Other _____

I understand and agree to the provisions listed above. I understand that I can amend, change, or cancel this agreement at any time through written notice to the Office of Accessibility Services.

Student Signature: _____ Date: _____

I have reviewed this agreement with the student and witnessed the student’s signature.

Staff Signature: _____ Date : _____

Please Initial ONE Option Below

_____ I authorize the release of my accommodation letter to the faculty for the semester indicated above.

OR

_____ I will share my own accommodation letters with faculty directly for the semester indicated above. I understand that by selecting this option, I will receive my accommodation letter from Accessibility Services and I am responsible for providing my letter to my instructor(s).