



Disability Services Office

Consent for Release of Information

I, _____, authorize the Director of Disability Services or designee to release documentation of my disability to

for the purpose of educational planning, implementation, or verification of disabling condition.

Please note that the Director of Disability Services or designee will provide information in a reasonable and appropriate manner consistent with my full knowledge and permission.

Student Name (please print)

I.D. Number

Student Signature

Date

Staff Signature

Date