



Disability Services

Authorization for Release of Information

I hereby freely authorize Disability Services staff to obtain and disclose all information regarding my Individualized Education Program (IEP), 504 Plan and/or documentation from a licensed or credentialed professional qualified to diagnose the stated disability unless otherwise specified here, to all instructors, assigned academic adviser, and other parties on campus necessary for providing reasonable disability accommodations for the 2019 - 2020 academic year. The IEP and 504 Plan are federally mandated educational plans which outline the accommodations, modifications, and/or other services necessary to address the student's specific disability needs.

I UNDERSTAND THAT THIS AUTHORIZATION DOES NOT EXPIRE AND MAY BE REVOKED IN WRITING AT ANY TIME. THIS RELEASE OF INFORMATION IS LIMITED TO THE PERSON, PEOPLE OR ORGANIZATION NAMED ABOVE. THIS INFORMATION WILL NOT BE USED FOR ANY OTHER PURPOSE THAN WHAT IS SPECIFIED ABOVE. ALL BLANKS SHOULD BE FILLED IN BEFORE SIGNING.

I authorize Disability Services staff to contact my instructors and other appropriate parties on campus regarding my IEP, 504 Plan or other documentation for the purpose of providing reasonable disability accommodations.

I do not authorize Disability Services staff to contact my instructors regarding my IEP, 504 Plan or other documentation for the purpose of providing reasonable disability accommodations.

I do not authorize Disability Services staff to contact appropriate parties on campus regarding my IEP, 504 Plan or other documentation for the purpose of providing reasonable disability accommodations.

Student's Name

Student's Signature

Date

Contact Phone Number for Student

Disability Services Staff Signature

Date