

Authorization for Release of Information

I, _____ hereby voluntarily authorize Student Accessibility Services (SAS) to release information from my SAS file to:

Name of Contact: _____

Relationship/Institution/Organization: _____

Telephone number(s): Home: _____ Work: _____ Cell: _____

Email: _____

I agree that access to information about my SAS file to the contact(s) listed above will be for the following purpose(s) (e.g. sharing accommodation information, sharing funding related information):

This authorization may be revoked by me at any time through a written request; however, it will not apply to information shared prior to the written request being received by SAS.

This authorization shall expire on:
(Specify date, event, e.g. upon graduation, or date one year from date signed.)

Signature of Student: _____

Signature of Witness: _____

Print Name: _____

Print Name: _____

Date: _____

Date: _____