

Student Authorization for Release of Information

I, *(name of student)* *(Student ID)* authorize the Office of Accessibility Services to:

- Reply to an EMAIL from _____ (legal name)

or

- Speak with _____ (legal name)

ABOUT

- ☐ whether I have submitted an initial Accommodation Request.
- ☐ whether I have completed an intake conversation with the Office.
- ☐ whether I have been approved for accommodations, overall.
- ☐ whether I have renewed my accommodations for the semester. ☐
- whether my accommodations are active for the current semester. ☐
- why was I not yet approved for an accommodation.
- ☐ whether I sent my accommodation letter to my professor. (which may not always be known to our office)
- ☐ OTHER: _____

OR

- ☐ provide an email copy of the most recent approval letter to this email address:

_____.

This form (or a FERPA release) does NOT allow another individual to make accommodation requests on your behalf, or offer information about your experience with your disability/health need that the office must act on or otherwise address.

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Acknowledgement

Signature Date _____ Student

_____ Semester ID Number