

Student Authorization for Release of Information

I, _____ (name of student) _____
(student ID) authorize the Office of Accessibility Services (OAS) 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 OAS.

whether I have been approved for accommodations.

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 OAS).

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.



The National Public Honors College

Acknowledgement

OFFICE OF ACCESSIBILITY SERVICES

47645 College Drive

St. Mary's City, MD 20686

www.smcm.edu

TEL: 240-895-2250

FAX: 240-895-2234

Student Signature

Date

Semester

ID Number