

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.



OFFICE OF ACCESSIBILITY SERVICES
47645 College Drive
St. Mary's City, MD 20686

www.smcm.edu
TEL: 240-895-2250
FAX: 240-895-2234

Acknowledgement

Student Signature

Date

Semester

ID Number