

Permission to Release Information

AccessABILITY Resources' confidentiality policy requires your permission to release information about your disability/progress to the following individuals. Please be aware we release information on a need-to-know basis only. Where necessary to provide a reasonable accommodation, the student may need to discuss the type of accommodation needed with their instructor.

I, _____ 800-_____,
(Print Student Name) (Student I.D.#)

give members of the AccessABILITY Resources Office permission to discuss relevant aspects of my disability as it impacts my academic progress with the following:

_____ All pertinent college personnel involved with my education

_____ Health and Counseling Services Offices

_____ Academic Advisor

_____ All class professors

_____ Only those professors that I designate each semester:

_____ ACCES-VR, or any other sponsoring agency _____

_____ The College of _____

_____ Others that this office deems necessary:

Student Signature: _____ **Date:** _____

Please note: At any time during the semester you can revise your release form by meeting with the AR staff.