

Release of Information Permission Form

Student Name: _____ Student ID#: _____

Semester: _____ Year: _____ Age: _____

I give my permission for the Accommodations Support Service Staff to discuss my case with the following offices and/or individuals when necessary or appropriate:

- Library
 - Student Dean's (health)
 - Clark Academic Center
 - Other support services on campus (specify): _____
 - Parents / guardians
 - Outside agencies (specify): _____
 - Course instructors (specify):
- Registrar's Office
 - Non-traditional Studies Office
 - Academic Advisor

Course Number	Course Title	Instructor
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____

Student Signature: _____ Date: ____ / ____ / ____