

**Accommodation Support Office
Release of Information Permission Form**

Please return to:
Jamie Franz
Accommodations Support Coordinator
Jamie.franz@calvary.edu

Name: _____

Student ID# _____

Semester _____ Year _____ Age _____

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

- _____ Library
- _____ Student Deans (Health)
- _____ Learning Center
- _____ Parents/ Guardians
- _____ Other Support Services on campus (specify): _____
- _____ Outside agencies (specify): _____
- _____ Course Instructors (specify): _____
- _____ Registrar's Office
- _____ Non-traditional Studies Office
- _____ Academic Advisor

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

Student Signature

Date