

Clayton State University (CSU) – Disability Resource Center (DRC)

Release of Information Form

l,	, he	reby authorize the Disability F	Resource Center (DRC) at CSU
current academic following individu	status at CSU with ap als and/or agencies v	opropriate faculty, staff and acrise place of the policy o	urpose of any disclosure is to
	• • • • • • • • • • • • • • • • • • • •	ropriate accommodations as I ary and relevant information.	pursue my educational goals.
Please initial all th	nat apply:		
	Regents Center for Learning Disorders (RCLD) for documentation		
	review/recommend CSU Counseling Serv		
	University Health Services		
<u> </u>	Off-campus professionals		
Specify (VR, MD,			
INITIAL	Other college/unive	rsity disability services offices	
Specify:			
INITIAL	CSU Registrar's Offic	ce for priority registration	
	Standardized testing		
Specify (GRE, LSA	T, etc.):	·	
INITIAL	Other (parent, spous	se/partner, etc.)	
Specify name/rela	ationship:		
			
If there are indivi	duals to whom you d	o not want information releas	ed, please list below:
Name:		Relations	hip/Agency:
			
	this release is effect rescinded in writing.	tive for the period during which	ch I am classified as active
,	J		
Student Signature		Date	Laker ID#