

## Clayton State University (CSU) – Disability Services (DS)

### Release of Information Form

I, \_\_\_\_\_, hereby authorize Disability Services (DS) at CSU to release and/or discuss pertinent information concerning my disability, accommodations, and/or current academic status at CSU with appropriate faculty, staff and administrators and with the following individuals and/or agencies via phone, email, or fax. The purpose of any disclosure is to assist me in obtaining reasonable, appropriate accommodations as I pursue my educational goals. Disclosures will be restricted to necessary and relevant information.

Please initial all that apply:

**INITIAL** \_\_\_\_\_ Regents Center for Learning Disorders (RCLD) for documentation review/recommendations

**INITIAL** \_\_\_\_\_ CSU Health & Wellness Center

**INITIAL** \_\_\_\_\_ Off-campus professionals

Specify (VR, MD, etc.): \_\_\_\_\_  
\_\_\_\_\_

**INITIAL** \_\_\_\_\_ Other college/university disability services offices

Specify: \_\_\_\_\_

**INITIAL** \_\_\_\_\_ CSU Registrar's Office for priority registration

**INITIAL** \_\_\_\_\_ Standardized testing agents

Specify (GRE, LSAT, etc.): \_\_\_\_\_

**INITIAL** \_\_\_\_\_ Other (parent, spouse/partner, etc.)

Specify name/relationship: \_\_\_\_\_  
\_\_\_\_\_

If there are individuals to whom you **do not** want information released, please list below:

Name:	Relationship/Agency:
_____	_____
_____	_____

**I understand that this release is effective for the period during which I am classified as active with CSU, unless rescinded in writing.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Laker ID#