

FERPA RELEASE

I _____ authorize the Office of Disability Services to provide approved information upon request on my behalf to the following individuals and/or agencies.

Name of Individual	
Relationship to student	
Telephone	
E Mail	
<p>DS may release the following: please check all that apply</p> <p> <input type="checkbox"/> Grades <input type="checkbox"/> Information from instructors <input type="checkbox"/> Class schedule <input type="checkbox"/> Behavioral observations <input type="checkbox"/> Health emergencies/incidents <input type="checkbox"/> Appointment information <input type="checkbox"/> Placement test results <input type="checkbox"/> Other: Please specify _____ </p>	

Name of Individual	
Relationship to student	
Telephone	
E Mail	
<p>DS may release the following: please check all that apply</p> <p> <input type="checkbox"/> Grades <input type="checkbox"/> Information from instructors <input type="checkbox"/> Class schedule <input type="checkbox"/> Behavioral observations <input type="checkbox"/> Health emergencies/incidents <input type="checkbox"/> Appointment information <input type="checkbox"/> Placement test results <input type="checkbox"/> Other: Please specify _____ </p>	

Name of Individual	
Relationship to student	
Telephone	
E Mail	
DS may release the following: please check all that apply <input type="checkbox"/> Grades <input type="checkbox"/> Information from instructors <input type="checkbox"/> Class schedule <input type="checkbox"/> Behavioral observations <input type="checkbox"/> Health emergencies/incidents <input type="checkbox"/> Appointment information <input type="checkbox"/> Placement test results <input type="checkbox"/> Other: Please specify _____	

Name of Individual	
Relationship to student	
Telephone	
E Mail	
DS may release the following: please check all that apply <input type="checkbox"/> Grades <input type="checkbox"/> Information from instructors <input type="checkbox"/> Class schedule <input type="checkbox"/> Behavioral observations <input type="checkbox"/> Health emergencies/incidents <input type="checkbox"/> Appointment information <input type="checkbox"/> Placement test results <input type="checkbox"/> Other: Please specify _____	

Student Name Printed	
Student Signature	
Date Signed	

Student may stop this authorization at any time, but must do so in writing.