



LEARNING COMMONS-ACADEMIC SUPPORT

AUBURN CAMPUS 197 Franklin Street, Auburn, NY 13021 - Tel: (315) 315-294-8593 - Fax: (315) 294-8594
FULTON CAMPUS 11 River Glen Drive, Fulton, NY 13069 - Tel: (315) 593-9328 - Fax: (315) 593-0769

Authorization to Release Information

I, _____, authorize the **Office of Accessibility Resources** to release copies of the following information from my confidential file: *(Please check all that apply)*

- Individualized Education Program (IEP)
- Section 504 Plan
- Confidential Psychoeducational Report
- Accommodation Letter Memorandum
- Other Disability Documentation (letter from physician, psychologist, agency, etc.)

___ I request copies of the above indicated documents for myself.

___ I request the information indicated above be sent to the following individual(s), educational institutions, and/or agencies:

College/Agency/Individual(s): _____

Address: _____

Phone: _____

Fax: _____ or **Email:** _____

I understand that this information is privileged and confidential and will only be used to assist with educational or vocational planning.

Student Signature: _____

Date: _____

Printed Name: _____

DOB: _____

OAR Staff Signature: _____

Date: _____