



CENTER FOR ACADEMIC SUCCESS

www.cayuga-cc.edu

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 Authorization Letter
- 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 Representative: _____

Date: _____

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