



**Student Accessibility Services**

Baker Center 348  
Athens, OH 45701  
Phone 740.593.2620  
Fax: 740.593.0790

**Authorization to Request Information**

**Information is requested by:** (Please print clearly)

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**I request and authorize:** \_\_\_\_\_  
Name of Individual and/or Organization

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Fax Number

to release to Student Accessibility Services (SAS) at Ohio University the following information:

- Psycho-Educational Evaluation Diagnostic Report(s)
- Psychological Evaluation Diagnostic Report(s)
- Vocational Evaluation Diagnostic Report(s)
- Medical Diagnostic Report(s)
- Hospital Inpatient/Outpatient Records (including mental health records)
- Alcohol and Drug Treatment Reports (including dates of treatment or attendance)
- Other

In accordance with the requirements of the Federal Family Education Rights and Privacy Act (FERPA), I understand that my right to privacy includes limiting access to all my reports and records pertaining to the provision of services and accommodations. I also understand that I may authorize other people to have access to my materials on file in Student Accessibility Services.

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

\_\_\_\_\_  
Date