



OHIO
UNIVERSITY
 University College

Student Accessibility Services
 Baker University Center 348
 1 Park Place
 1 Ohio University
 Athens OH 45701-2979

AUTHORIZATION TO RELEASE INFORMATION

T: 740.593.2620
 F: 740.593.0790
www.ohio.edu/uc/SAS

Name: _____ PID: _____

I give permission to discuss or release my accommodation and/or disability related information contained in my file to the following:

____ Self (Indicate Delivery Method)

Mail _____ Pick up _____ Email (Provide email address) _____

____ On Campus Agency _____

____ Off Campus Agency/Parent(s) (Please complete the information below):

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

I want to limit the information given to only the following:

____ Original Documentation

____ Information related to accommodation(s)

____ Entire file

____ Other (Please specify)

Further, I understand that I may amend this agreement at any time in writing and, unless I request otherwise, it will remain in effect until completion of my program at Ohio University.

Signature: _____

Date: _____