



Valdosta State University

Access Office for Students with Disabilities

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Web www.valdosta.edu/access

INFORMATION RELEASE FORM

I _____, hereby authorize the Access Office to release confidential information in my personal file to:

Information to be released includes:

- Accommodations and use of accommodation
- Academic information
- All other pertinent information as requested

This authorization is valid from _____ to _____ or at this _____ earlier date that is revoked in writing. (Either in an academic Year or within 90 days of the request).

I understand and agree to the above statement:

Printed Name

Signature

Date

Student Identification Number

Phone

Email