



Authorization to Release Information

Access Office

Address 1500 N. Patterson St. • Valdosta, GA 31698-0280
Phone (V/VP) 229.245.2498 • (TTY) 229.219.1348 • (FAX) 229.245.3788
Web www.valdosta.edu/access

Date		
___	___	___

I hereby authorize _____ of _____
NAME ADDRESS

to release confidential information in my personal file to:

**Access Office for Students with Disabilities
Valdosta State University
1500 N. Patterson St.
Valdosta, GA 31698**

It is understood that the party to whom this information is released will not release it to a third party. These records are needed to determine eligibility for accommodations at Valdosta State University. Services cannot be provided without proper, current documentation.

I understand and agree to the above statement.

STUDENT SIGNATURE

DATE

STUDENT ID NUMBER

PHONE NUMBER

APPROXIMATE DATE OF TESTING

Records to be released (if available) include:

- Psychological Report
- Individual Education Program
- Eligibility Reports
- Due Process Checklists
- Medical/Physical Information
- Vocational and/or Intellectual Assessments
- Other Pertinent Information

***Please include a description of the disability in order to justify academic accommodations.**