



Valdosta State University

Access Office for Students with Disabilities

Address 1500 N. Patterson Street • Valdosta, Georgia 31698-0280

Phone (VNP) 229.245.2498 • (TTY) 229.219.1348 • Fax (229) 245-3788

Web www.valdosta.edu/access

AUTHORIZATION TO RELEASE INFORMATION

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

Guardian Signature (If under the age of 18)

Phone

Email

