



Student Accessibility Services

Authorization to Exchange Confidential Information

Instructions: For **Student Accessibility Service** to exchange confidential information, this authorization must be completed according to these instructions. All information must be clearly legible. All information related to identification, location, and communication of those involved in the release must be provided. For your protection, if this form is incomplete or is not legible, Student Accessibility Services will not release or request the release of any information.

This Authorization to Exchange Confidential Information is per the provisions of the Federal Family Educational Rights and Privacy Act of 1974 (Public Law 93-380).

I grant permission to the Student Accessibility Services office to exchange information with:

Name:

Relationship to student (e.g., parent, clinician, etc.):

Mailing Address:

Phone Number:

Email Address:

Student Information

I understand that no disclosure of my records can be made without my written consent, unless otherwise provided by law, and that I may revoke this authorization in writing at any time, except to the extent that information has already been released. This authorization allows for the release of disability-related information provided by Student Accessibility Services. I hereby release the above parties from any legal liability resulting from the authorized release of information.

St. Lawrence ID:

Print Name:

Signature:

Date: