



## **ABILITIES OFFICE CONSENT TO RELEASE STUDENT EDUCATIONAL RECORDS**

Student's Last Name

First Name

UID (900 number)

Permanent Address

City

State

Zip Code

### **INFORMATION**

I, the undersigned, hereby authorize The Abilities Office at Chicago State University to release the following information:

Accommodation Registration Status

Accommodation Letter(s)

Other (please specify):

These records may be released to the following person(s)/organization(s):

*Specify name(s), email address(es), and contact phone number(s). You may list up to three contacts below.*

Name of organization or First and Last Name of Person:

Type of contact:

Phone number:

Email address:

Name of organization or First and Last Name of Person:

Type of contact:

Phone number:

Email address:

Name of organization or First and Last Name of Person:

Type of contact:

Phone number:

Email address:

I understand that by signing this document, I authorize the release of my accommodation status. This document does NOT authorize release of my medical records or diagnoses. This consent shall remain in effect until revoked by me, in writing, and submitted to the Abilities Office, but that any such revocation shall not affect the disclosures previously made prior to the receipt of any such written revocation.

Student Signature: