DISABILITY SERVICES
Sandridge Student Center
www.athens.edu/disabilityservices
disability.services@athens.edu

INFORMATION RELEASE CONSENT

I, _____, hereby
FIRST MI LAST

give written authorization for _____
(person, organization, or agency)

to release *DISABILITY INFORMATION / DOCUMENTATION*
(specific information, document, or agency)

_____

_____

for purposes of *GAINING ACADEMIC ACCOMMODATION*

_____

_____

to: Jean Martin, Disability Services Specialist
Jean.Martin@athens.edu (Email)
(256) 233-1187 (FAX or Phone)
Disability Services
Athens State University
300 N. Beaty Street
Athens, Alabama 35611

I further understand that by this written request Athens State University is legally harmless for the exchange or release of such information.

Signature: _____

DOB: _____

Student Number: _____

Date: _____

Witness: _____

06/2016