



Valdosta State University

Access Office for Students with Disabilities

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

Phone (V/VP) 229.245.2498 • (TTY) 229.219.1348 • **Fax** (229) 245-3788

Web www.valdosta.edu/access

AUTHORIZATION TO RELEASE INFORMATION

I _____, hereby authorize the _____

to release confidential information in my personal file to the Access Office for Students with Disabilities at Valdosta State University.

Records to be released include:

- Psychological Report
- Individual Education Program
- Eligibility Reports
- Medical/Physical Information
- Other Pertinent Information

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

Phone

Email