



ACCESSIBILITY SERVICES
Sandridge Student Center
www.athens.edu/accessibility.services/
Accessibility.Services@athens.edu

INFORMATION RELEASE CONSENT

I, _____, hereby
FIRST MI LAST

give written authorization for Juliana Hunt, Accessibility Services, Athens State University
(person, organization, or agency)
to release DISABILITY INFORMATION / DOCUMENTATION
(specific information, document, or agency)

for purposes of GAINING ACADEMIC ACCOMMODATION

to:

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: _____