PERMISSION FOR RELEASE OF INFORMATION

I, the undersigned, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby authorize the Director of Disability Resources at SUNY Cortland to release/receive all pertinent information about my disability to/from any and all of the following persons/offices:

(please check all that apply)

\_\_\_\_\_ Faculty members from whom I seek accommodations

\_\_\_\_\_ My academic advisor

\_\_\_\_\_ My Dean, Associate Dean, and/or the Vice President for Student Affairs

\_\_\_\_\_ Test Administration Service staff to provide testing accommodations

\_\_\_\_\_ Counseling and/or Student Health Services staff

\_\_\_\_\_ Career Services staff

\_\_\_\_\_ Academic Support and Achievement Program (ASAP) staff

\_\_\_\_\_ Educational Opportunity Program (EOP) staff

\_\_\_\_\_ The College supervisor of any practicum/internship placement

\_\_\_\_\_ Residence Life and Housing staff, Physical Plant staff, University Police staff,

Environmental Health & Safety staff, and/or the Cortland City Fire Chief to accommodate special housing considerations and/or emergency evacuation planning

\_\_\_\_\_ Parent/Guardian (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This information will be used for the purpose of coordinating reasonable accommodations that may be appropriate to the completion of the academic and physical requirements of my curriculum and/or will facilitate my educational and vocational planning.

The information released is considered confidential. It is intended for use by the person or department listed above for the benefit of the undersigned. The person or department will not provide additional disclosure of the information without the written consent of the client to whom it pertains.

 Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Voter registration forms are available in the Disability Resources Office, Van Hoesen Hall, Room B-1.**

**If you would like to register to vote or need assistance filling out the form, please contact our office.**