



ACCESSIBILITY SERVICES
Sandridge Student Center
www.athens.edu/accessibilityservices
Accessibility.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:
Patrice Broaden, ADA Accessibility Specialist
Patrice.Broaden@athens.edu (Email)
(256) 233-8143 (FAX and Phone) Accessibility
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: _____