

Information Exchange Authorization

Student Information

Students Full Name: _____

Campus ID Number: _____ Birth Date: _____

Primary Phone Number: _____ Today's Date: _____

Information Exchange Authorization for Recipient, Agency or Organization

I hereby request and authorize the following two parties to exchange information from my records:

First Party:

Services for Students with Disabilities
California State University, Fresno
Henry Madden Library, Suite 1202
5200 N. Barton Ave. Fresno, CA 93720

Second Party:

Name of Person/Agency/Org.: _____

Address: _____

Phone Number: _____

Fax: _____

E-mail: _____

Type of Information to be Exchanged

This exchange of information shall be limited to the following items:

- Diagnosis Assessments Accommodations
 Other:

I understand that this authorization becomes effective immediately and is subject to revocation by me at any time. If not earlier revoked, it shall terminate upon my graduation or exit from Fresno State.

A photocopy of this form is as valid as the original.

Student Signature: _____

Date: _____

****Stop! Withdrawal Consent Only****

Student Withdrawal of Consent for Release of Information

This section is to withdrawal the second party from accessing records from Services for Students with Disabilities.

I hereby withdraw my consent for my parent, guardian, agency or organization as named above, to have access to Services for Students with Disabilities' records effective immediately.

Student Signature: _____

Date: _____