



SOUTHERN ILLINOIS UNIVERSITY
**OFFICE FOR ACCESS
& ACCOMMODATIONS**

Authorization for the Release of Information

Name _____ Date of Birth _____
Address _____ City, State, Zip _____
Student ID _____ Phone Number _____
Email _____

I hereby authorize the Office for Access & Accommodations at SIU Carbondale to: Obtain Information From
Release Information To

Name of Person or Agency _____
Relationship to Student _____
Address _____ City, State, Zip _____
Phone _____ Fax _____

PURPOSE OF THIS REQUEST: Document Disability Other

TYPE OF RECORDS AUTHORIZED: Psychiatric/Psychological Evaluation IEP or 504 Plan
Vision or Hearing Evaluation Medical/Treatment Records LD or ADD Assessment
Other

This authorization will expire: When the requested information has been sent/received
One year from this date
When I am no longer receiving services from DSS

I understand that:

- Signing this authorization is voluntary.
- I may cancel this authorization at any time by submitting a written request to the Office for Access & Accommodations.
- This cancellation will not affect any disclosure that has already occurred.

Signature of Student: _____ Date: _____

Contact Information Office for Access & Accommodations P: 618-453-5738
Student Health Center 220 F: 618-453-5700
Mail Code 4705 VP: 618-615-4492
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Carbondale, IL 62901