

Florida Atlantic University - Student Accessibility Services
STUDENT PERMISSION TO RELEASE CONFIDENTIAL RECORDS

I, _____, give permission to Student Accessibility Services to release information as follows.

1. Check the box(es) to indicate the type of information you are authorizing to be released:

- Documentation
Which documentation? _____
- Letter confirming registration with SAS and list of approved accommodations
- Other _____

2. Check box(es) to indicate who you would like this information released to:

- Myself
- Other
Name: _____ Relationship: _____

3. Check box(es) to indicate how you would like the information delivered:

- Pick-up at Student Accessibility Services in hard copy
- Fax – Fax number _____
- Email – Email address _____
(note: if it is documentation, it will be sent securely via OneDrive)
- Mail – Address _____

4. Student Signature _____ **Date** _____

Z# _____ **Email** _____

NOTE: It may take 5-7 business days to comply with your request.
Fax requests over 5 pages will be mailed.
Hard copies not picked up within one week will be shredded.

TO BE COMPLETED BY SAS STAFF ONLY –

Consultant: _____

Documents prepared by: _____

Date: _____