**Release of Information**

I hereby authorize the Office of Accessibility Services at SUNY Geneseo to release/receive information as specified below:

Information Provider Name/Email/Phone Number:

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Information Recipient Name/Email/Phone Number:

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Information/documents to be released:

\_\_\_\_\_\_\_\_\_\_ Medical records/reports

\_\_\_\_\_\_\_\_\_\_ Psychological or psychoeducational assessments/reports

\_\_\_\_\_\_\_\_\_\_ Information deemed relevant or necessary for providing appropriate

accommodations at SUNY Geneseo

\_\_\_\_\_\_\_\_\_\_ Referral Letter

\_\_\_\_\_\_\_\_\_\_ Oral communication

\_\_\_\_\_\_\_\_\_\_ Other (specify)

Purpose for release:

\_\_\_\_\_\_\_\_\_\_ Eligibility as a student with a disability

\_\_\_\_\_\_\_\_\_\_ Advocacy for specific accommodation

\_\_\_\_\_\_\_\_\_\_ Informing a family member/advocate

\_\_\_\_\_\_\_\_\_\_ Other (specify)

Name ID#

Signature Date