

MARGARET A. STATON  
OFFICE OF DISABILITY SERVICES



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**CONFIDENTIAL**

**RELEASE OF INFORMATION**

Instructions:

1. Make sure all blanks are initialed before you sign below
2. Sign this form only after a request for accommodations has been made
3. Make sure that you understand the release is limited to the persons or agencies named below and that this information will not be passed along to anyone else or be used for any other purpose than those stated below.

I authorize the staff of the Office of Disability Services at GSU to release/discuss disability-related information about me to: (Please **initial** all that apply)

\_\_\_\_\_ Regent's Center for Learning Disorders for documentation review

\_\_\_\_\_ Appropriate GSU faculty, staff, and/or administrators as needed

\_\_\_\_\_ Standardized testing agents (e.g. GRE, LSAT, etc.) as specified: \_\_\_\_\_

\_\_\_\_\_ Other Post-Secondary institutions as needed as specified: \_\_\_\_\_

\_\_\_\_\_ Other off-campus professionals as specified (VR, MD): \_\_\_\_\_

\_\_\_\_\_ Flag for mobility needs or priority registration in Registrar's Office

\_\_\_\_\_ Other (parent, spouse, etc.): \_\_\_\_\_

The primary purpose of this release is to help ensure that I receive those "reasonable accommodations" as needed at Georgia State University. It will remain in effect for the period of my enrollment at this university.

PRINT NAME: \_\_\_\_\_ STUDENT ID# \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_