



Office of Student Accessibility

FERPA AUTHORIZATION TO RECEIVE & RELEASE INFORMATION

In compliance with the Family Educational Rights and Privacy Act (FERPA)¹

I, _____ do hereby authorize the DeSales University Office of Disability Services to receive and release educationally relevant information, pertaining to me and from the following:

Person/Agency (i.e. parent, guardian, therapist/dr./school district)

Street Address

City, State, Zip Code, & Phone Number

Educationally relevant information is to be shared for the purpose of determining appropriate accommodations.

Information to be exchanged may include:

_____ Accommodations (Classroom, Testing, Meal Plan, Housing Plan, etc.)

_____ Progress Notes

_____ Psychological Reports

_____ Treatment Plans

_____ Other _____

All of the above report(s) or written recommendations SHALL BE CONSIDERED CONFIDENTIAL and may be placed in my education record if needed as a source of information to provide appropriate educational programming. If the above report(s) do(es) become part of my education record, the Family Educational Rights and Privacy Act, grant me the right to review and/or receive a copy of said report(s).

Student Signature

Date

D.O.B _____

Student ID Number _____

¹ Regulations at 34 C.F.R. § 99.