SHIPPENSBURG UNIVERSITY

Office of Accessibility Resources

PERMISSION TO RELEASE INFORMATION

Name:		SU ID#:	

I hereby waive my rights to privacy under the Family Educational Rights and Privacy Act of 1974 (FERPA) and any other applicable law and consent to the release by the Office of Accessibility Resources (OAR), Shippensburg University, of any and all educational records, recommendations, and accommodations maintained in my OAR file to the individual(s) listed below at their request.

Name:		Relationship to student:	
Name:		Relationship to student:	
Name:		Relationship to student:	
Name:		Relationship to student:	

Student signature Date

OAR representative signature Date