

Authorization for Release of Information

I agree to the exchange of information regarding my accommodations between the office of Academic Support Services and my professors. I also recognize the following:

1. Accommodations are not retroactive,
2. It is my responsibility to confirm my accommodation requests with my professors, (and)
3. It may require two to five days to implement accommodation requests

Student Signature _____

Date _____

Director of Academic Success _____

Date _____

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