



## STUDENT ACCESS SERVICES STUDENT INFORMATION RELEASE FORM

I, the undersigned, hereby authorize Student Access Services (SAS) to disclose information about my disability, as necessary, to Marymount University faculty/staff, who are directly involved in providing academic access and related disability support services.

I understand that if I am receiving testing accommodations, SAS will forward a copy of my current Faculty Contact Sheet (“letter of accommodations”) to the Student Academic Hub’s Testing Center Coordinator, to communicate my SAS-authorized testing accommodations. Copies to my instructors will be distributed by me, as outlined in SAS policies and procedures.

**I  DO  DO NOT give permission for SAS to discuss my academic situation, disabilities and status with my parents/guardian.**

Other MU departments or individuals who may discuss my services and information with SAS (please print their name and initial):

_____ (Student Initial)	Student Counseling Services
_____ (Student Initial)	Residential Life and Housing
_____ (Student Initial)	Student Health Services
_____ (Student Initial)	Academic Advisors
_____ (Student Initial)	Faculty
_____ (Student Initial)	Office of Wellness Prevention and Education
_____ (Student Initial)	Dean of Students
_____ (Student Initial)	Athletics
_____ (Student Initial)	_____
_____ (Student Initial)	_____
_____ (Student Initial)	_____

\_\_\_\_\_  
Student Name (print please)

\_\_\_\_\_  
Student Access Services Representative

\_\_\_\_\_  
Student’s Signature

\_\_\_\_\_  
Student Access Services Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date