



Academic Advising and Student Disability Services
The Pennsylvania State University
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**Release of Information
The Pennsylvania State University**

I (print student name), _____, give permission to the Student Disability Resources staff at The Pennsylvania State University to:

1. Request, receive, and discuss documentation for the purpose of determining program eligibility and planning appropriate academic adjustments, auxiliary aids, and services.
2. Share with appropriate members of the administration, faculty, and staff of Penn State any applicable information related to academic adjustments, auxiliary aids, and services.
3. Request, receive, and discuss applicable information with outside agencies providing services and supportive assistance (e.g., Office of Vocational Rehabilitation, Bureau of Blindness and Visual Services, Centre County Can Help, and The Meadows).
4. Exchange applicable information with the Disability Contact Liaison(s) at other Penn State locations for the purposes of seeking academic adjustments, auxiliary aids, and/or services.
5. Request, receive, and discuss information with psychological services at Penn State’s Center for Counseling and Psychological Services (CAPS), the CEDAR Clinic, and the Penn State Psychological Clinic for the purpose of seeking academic adjustment, auxiliary aids, supportive assistance, and/or services.
6. Exchange applicable information with:

Relationship of party listed _____ Name _____

Address and Phone _____

7. Utilize the most effective mode of communication (written correspondence, telephone, fax, and/or electronic mail) with the above-mentioned parties (1–6).

All information obtained will be maintained and used in accordance with the confidentiality requirements of [FERPA \(Family Educational Rights and Privacy Act\)](#). This release of information will expire in one year unless you choose to revoke sooner by written notice.

Student Signature: _____ Date: _____

PSU ID Number: _____

Witness Signature: _____ Date: _____