



1801 East Cotati Avenue
Rohnert Park, CA 94928-3609

DISABILITY SERVICES FOR STUDENTS

Division of Student Affairs

707.664.2677 • Fax 707-664.3330 • Dial 711 for Relay

www.sonoma.edu/dss

Consent for Release of Information from Disability Services for Students

Disability Services for Students (DSS) at Sonoma State University (SSU) strongly advises students to keep a copy of their documentation. Students may request a copy of the documentation of their disability; however, DSS will not forward documentation which originated with another institution or professional.

If a student wishes his or her documentation released to an outside entity, the request must be made directly to the professional who authored the report. This practice ensures that the release and flow of information concerning the student is carefully controlled. This guideline also honors the professional who authored the report their property right and integrity.

I (Name & Student ID), _____ hereby authorize Sonoma State University-Disability Services for Students to release information described below:

To exchange information with:

Name: _____

Agency: _____

Address: _____

City/State: _____

Phone: _____

Fax: _____

This release is for the purpose of: (indicate the specific reason)

Providing a copy of disability verification documentation

Discussing disability-related academic accommodations

Other: _____

This information is intended for use by the above named recipient only. I am aware that the records released may contain information relating to diagnoses pertaining to a disability.

I have the right to receive a copy of this authorization. I may revoke this authorization at any time in writing.

I understand that this authorization shall remain valid from the date of my signature below and will end on:

Month: _____

Date: _____

Year: _____

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____

(Required if under 18)

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