



UNIVERSITY OF SOUTH ALABAMA

## AUTHORIZATION TO RELEASE DISABILITY INFORMATION

The Family Educational Rights and Privacy Act (FERPA) of 1974 is designed to protect the privacy of a student's educational records. These confidential records include academic, disability, financial aid, scholarship and billing/account information, and will not be released without written consent from the student. By signing this form, the student authorizes University personnel to release information of the student's educational record.

Student Name: \_\_\_\_\_

Student ID (Jag) Number: \_\_\_\_\_

I authorize The Center for Educational Accessibility & Disability Resources to discuss confidential information for the purposes of understanding and meeting University related obligations with the person(s) to whom I designate below. I understand that the person(s) designated below will have access via telephone, in person, or by U.S. mail or electronic mail to information of the student's educational record.

Authorized Person(s)

\_\_\_\_\_  
\_\_\_\_\_

This authorization will remain in effect until revoked in writing by the student.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_