

I hereby authorize

\_\_\_\_\_  
(Name of Organization)

\_\_\_\_\_  
(Attention)

To release the following information: (Please check mark all that apply)

- Academic related  
 Accommodations  
 Disability information  
 Other: (Please write a detailed description below)

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

This information should be released to:

\_\_\_\_\_  
(Name of Organization or individual)

Requested by: \_\_\_\_\_  
(Signature of requester)

Print Name: \_\_\_\_\_

SSN or SJSU ID: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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