



SAN DIEGO STATE UNIVERSITY

Student Disability Services
Division of Student Affairs
San Diego State University
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Fax: 619 · 594 · 4315
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AUTHORIZATION FOR RELEASE OF INFORMATION FROM STUDENT DISABILITY SERVICES

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

RED I.D.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I hereby authorize Student Disability Services at San Diego State University to release the records described below to the following individual/agency:

Name of Individual: \_\_\_\_\_

Agency: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Type of information to be released (please be specific): \_\_\_\_\_

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

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

SDS Office Use Only

Description of information released: \_\_\_\_\_

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

Released By: \_\_\_\_\_ Date: \_\_\_\_\_