

UNIVERSITY OF SOUTH ALABAMA

SPECIAL STUDENT SERVICES OFFICE
DISABLED STUDENT SERVICES



Telephone: (251) 460-7217
UNIVERSITY CENTER, ROOM 270
MOBILE, ALABAMA 36688-0002

AUTHORIZATION FOR RELEASE INFORMATION
(SECTION 504)

Authorization is hereby given to the University of South Alabama's Coordinator of
Disabled Student Services to obtain information from:

Name of Evaluator or Counselor _____

Agency _____

Address _____

Phone _____

Others (List) _____

regarding my disability. This information may include, but is not limited to, psychological,
medical, psychiatric, educational, and/or social data which can be used in providing special
services (e.g. reasonable accommodations) during my academic career.

In addition, the student authorized the Coordinator to disclose necessary information
to AVRS Counselors, USA Faculty/Staff and/or those professionals involved in providing
special services to the student.

This authorization is valid for my total period of enrollment at the University of South
Alabama

Student Signature

Date

Witness or Staff Person

Date

Rehabilitation Act of 1973

Rev 7/17/91

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