



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: \_\_\_\_\_