



Cornell University

Student Disability Services  
Cornell Health, Level 5  
110 Ho Plaza  
Ithaca, NY 14853  
Phone: (607) 254-4545  
Fax: (607) 255-1562  
sds.cornell.edu

## Release of Information

\_\_\_\_\_  
(date)

I, \_\_\_\_\_, give Student Disability Services  
(student name)

permission to release my:

- disability documentation
- accommodation record
- medical information
- psycho-educational evaluation results
- other: \_\_\_\_\_

to: \_\_\_\_\_  
(other organization / office / individual / self)

at: \_\_\_\_\_  
(address / fax number / etc.)

This release expires on (60 days unless otherwise indicated): \_\_\_\_\_

\_\_\_\_\_  
(student)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(witness)

\_\_\_\_\_  
(date)