



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, _____,
(student name) give Student Disability Services or

_____ permission to release my disability
(other universities or medical providers)

documentation / accommodation record / conversational information / medical
information / psycho-educational evaluation results (with scores/percentiles)
and/or any internal test results to:

(SDS or other organization / office / individual)

for the purpose of determining my qualification for disability services and/or
accommodation.

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

(student)

(date)

(witness)

(date)