



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 or  
(student name)

\_\_\_\_\_ 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)