



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)