



Accessibility Services

Vickie Abel, Coordinator

1501 State Street, IL 220

Marshall, MN 56258

(507) 537-6492

(507) 537-6812 (Fax ATTN: Accessibility Services)

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, (Name) hereby authorize the below named individuals or agencies to share and discuss confidential information with the Accessibility Services at Southwest Minnesota State University including test data and other pertinent information.

I consent to the release and disclosure of such information to the Accessibility Services with the express understanding that the information will be utilized only for auxiliary aids, educational planning, and advising purposes. If under 18, parent or guardian must also sign.

(Student Signature)

(Date)

(Parent/guardian signature)

(Date)

This completed form should be returned to:

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