



STUDENT AFFAIRS
OFFICE OF ACCESSIBILITY & VETERAN AFFAIRS
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DISABILITYSERVICES@ALASU.EDU ~ 334-229-5127

RELEASE OF INFORMATION REQUEST FORM

I, _____, give the Office of Disability Services permission to
Please print
release my:

___ Disability Documentation

___ Accommodation Records

___ Medical Information

___ Psychological Evaluation Results

___ Other, please specify _____

To _____
Identify Organization/Office/Individual/Self

This release expires in 60 days unless otherwise indicated.

Student's Signature Date _____

Director of Disability Services Date _____