



Student Disability Services
 Division of Student Affairs and Campus Diversity
 San Diego State University
 5500 Campanile Drive
 San Diego, CA 92182-4740
 Tel: 619-594-6473
 Fax: 619-594-4315
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**San Diego State
 University**

**AUTHORIZATION FOR RELEASE OF INFORMATION
 FROM STUDENT DISABILITY SERVICES**

Name of Student: _____

RED I.D.: _____ Date of Birth: _____

I hereby authorize Student Disability Services at San Diego State University to release the records described below to the following individual/agency:

Name of Individual: _____

Agency: _____

Type of information to be released (please be specific): **SDS policy notice: Third party documentation (i.e. documentation that did not originate from SDS) cannot be released to any party other than the student named above**

To be sent via (*select one*): Email Fax

Email/Fax number: _____

Signature of Student

Date

Please allow 5-7 business days for your request to be processed

SDS Office Use Only Description of
 information released:

Released by: _____ Date: _____