Consent to Release Information
Accessible Education Center

I, ____________________________ (Student Name), hereby authorize the Accessible Education Center to release the following information; incomplete forms will not be processed:

(Please check all that apply)

☐ Accommodations
☐ Disability information
☐ Other: (Please write a detailed description below)

Nature of Release:    ☐ Discussion    ☐ Document Release

Please complete and sign below:

Requested by: ____________________________
(Signature)

Print Name: ____________________________

SJSU ID: ____________________________

Phone Number: ____________________________

Email: ____________________________

Date: ____________________________

This information should be released to:

Check here if student will pick up requested documents in AEC Main Office

☐

OR

Fill out information below:

Name of Organization or Individual: ____________________________

Mailing Address: ____________________________

Phone Number: ____________________________

Fax Number: ____________________________

AEC Staff Initials: __________

REQUESTS MAY TAKE UP TO 10 BUSINESS DAYS TO BE PROCESSED.