



I, _____, hereby authorize
(Student Name)

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.