



Paul Adrian Powell, III Resource Center ♦ Office of Academic Support Services
PO Box 947 ♦ Emory, Virginia 24327-0950 ♦ 276-944-6145

Authorization to Release Information

I authorize Academic Support Services to release information and consult with individuals who may assist me in my courses, as well as determine appropriate accommodations concerning my disability. This information will be treated as confidential and only released on a “need to know basis.” By signing this form you give Emory & Henry College permission to share information concerning your disclosed disability and request for reasonable accommodations with campus professionals who “need to know” (professors, counselors, advisors, etc.) and to work with you to complete an Accommodation Plan for you to give your professors, advisor, and other appropriate campus officials.

I understand that I may revoke this consent at any time except to the extent that action has already been taken upon this release. I hereby agree that a photocopy of this release is the legal equivalent of the original document.

I understand that if I choose to revoke this authorization that I must do so in writing.

Student Signature

Date

Emory & Henry College Official

Date

Signature