



## Permission to Share Information

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Please circle your pronoun: she he they xe other: \_\_\_\_\_

DOB: \_\_\_\_\_ PSU ID: \_\_\_\_\_

I, \_\_\_\_\_, hereby grant Campus Accessibility Services (CAS) at Plymouth State University (PSU) permission to share verbal and written information regarding my accommodations. I agree to the mutual release and exchange of information between CAS and the person(s) or agencies specified below. I give permission for CAS to share information related to my diagnosis, treatment and accommodations. I understand that information about me may be shared with other faculty and staff of PSU on a need-to-know basis.

### Your signature shows you have read and understood the following:

Qualified individuals are entitled to reasonable accommodations under the Americans with Disabilities Act (ADA regulations) and Section 504 of the 1973 Rehabilitation Act. Accommodations are determined on a case-by-case basis. The individual takes full responsibility for on-going assistance and for providing documentation when requested. Information obtained by this office is subject to the Family Educational Rights and Privacy Act (FERPA). We protect the confidentiality of student information, except as authorized to be disclosed by state and federal law.

\_\_\_\_\_  
Student signature Date

\_\_\_\_\_  
Person(s) or agencies with whom information may be shared

\_\_\_\_\_  
Title or relationship to student (parent, physician, psychologist, etc.) Phone

\_\_\_\_\_  
Person(s) or agencies with whom information may be shared

\_\_\_\_\_  
Title or relationship to student (parent, physician, psychologist, etc.) Phone