



Student Disability Services
WTAMU Box 60904
Canyon, TX 79016
Phone: 806-651-2335
Fax: 806-651-2926

Authorization for Information Release

By signing this release, I _____, understand that SDS will periodically review my grades and educational progress for the purpose of assisting me. I hereby authorize the WTAMU Student Disability Services office to release information related to my disability and concerning my educational progress and /or placement to:

Please check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Mother/Father | <input type="checkbox"/> Division of Rehabilitative Services (DARS) |
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Division for the Blind Services (DBS) |
| <input checked="" type="checkbox"/> Faculty/Staff | <input type="checkbox"/> Panhandle Council for the Deaf (PCD) |
| <input checked="" type="checkbox"/> Advising Services | |
| <input type="checkbox"/> Other Individual or Agency _____ | |

Signature of Student

Date Signed

A Member of the Texas A&M University System

WTAMU Box 60904

Canyon, Texas 79016-0001

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