



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:

Faculty/Staff

Advising Services

Mother/Father

Other _____

Furthermore, I have received explanation and a copy of the Procedural Guidelines for Registering with Student Disability Services. If I have additional questions, I will contact Student Disability Services for assistance Monday – Friday 8:00am – 5:00pm.

Signature of Student

Date Signed

A Member of the Texas A&M University System

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Canyon, Texas 79016-0001

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