



*Release of Information Form*

I, the undersigned James Madison University student, give permission to the professional staff at the Disability Services office to discuss issues and release information relevant to my disability and my access to the services, programs and courses at JMU with appropriate University officials, faculty, and staff. I understand that this primarily relates to information necessary to determine and provide appropriate and reasonable accommodations, if such accommodations are provided, and that I will be consulted prior to other consultations or disclosures of information.

I understand that my consent to release this information will remain in effect for the duration of my enrollment at JMU and that I may withdraw this consent in writing.

_____ Student's Name (Please Print)	_____ Student's Signature	_____ Date
_____ Student I.D. Number	_____ Date of Birth	

ONLY AS NEEDED:

_____ Guardian's Name (Please Print)	_____ Guardian's Signature	_____ Date
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_____ Witness' Name (Please Print)	_____ Witness' Signature	_____ Date
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DISABILITY SERVICES MSC 1009  
Student Success Center,  
Suite 1202  
540.568.6705 Voice/TDD  
540.568.7099 Fax