Center for Students with Disabilities (CSD)
Student Authorization to Release Education Record Information

Name _____ **ID#**_____
First Middle Last

In accordance with regulations contained within the Family Educational Rights and Privacy Act (FERPA) and DePaul University's Compliance policy, the DePaul University Center for Students with Disabilities (CSD) will disclose to designated parties information from the education records of a student provided the CSD has on file written consent by the student.

Student, please complete and sign this form and return it to the CSD if you consent to the release of information in your education records to the parties that you designate below. Please contact the CSD if you need assistance completing this document.

I authorize the CSD to release information, contained in the education records that are assessable to the CSD, to the following individual/agency:

_____ _____ _____
Name Relationship Address

Purpose of this request: _____

Choose one of the following:

☐ I request a letter of accommodations verification to the above party.

☐ I request a copy of my disabilities documentation to the above party.

☐ I consent to the release of any education record information to the above party.

☐ I request the release of *the specific* CSD records to the above party: _____

Method of delivery (*information will be delivered to the student only*):

☐ Student will pick up at CSD ☐ Email to student (specify student email address): _____

Is this disclosure time-limited in any way? ☐ **No** ☐ **Yes (specify):** _____

I understand it is my right to revoke this authorization at any time with written notification to the CSD. This release does not permit the disclosure of these records to any other persons or entities without my written consent unless specifically allowed for with FERPA regulations and DePaul policies.

By signing this form, I understand and agree with all of the above.

_____ _____ _____
Student Signature **Printed Name** **Date**

Submit completed form to:

CSD – Lincoln Park Campus
Student Center, Suite 307
2250 N. Sheffield Ave. 60614
773-325-1677
773-325-3720 (fax)

CSD – Loop Campus
DePaul Center, Suite 1420
25 E. Jackson Blvd. 60604
312-362-8002
312-362-6544 (fax)

CSD@depaul.edu

_____ _____ _____ *OR* _____ _____
Student Signature at Time of Pick-up Date CSD Staff Email Date CSD Administrator