 Student Accessibility Support Center (SASC)

128 Educational Communications Center (ECC)

**(P)** 631-632-6748

**(F)** 631-632-6747

[sasc@stonybrook.edu](mailto:sasc@stonybrook.edu)

**stonybrook.edu/sasc**

**RELEASE OF INFORMATION**

I,       , authorize Student Accessibility Office (SASC),

**(student name)**

and/or professionals assisting SASC, to provide information relating to

      \_\_\_\_\_ to       \_ ,  
 **(disability) (provider/guardian)**

for the purposes of evaluating, determining and/or implementing accommodations at Stony Brook University.

I understand that this authorization is voluntary and I may refuse to sign it. This authorization will expire at the end of the academic year in which I sign it. I understand that I may revoke this authorization at any time by providing written notice to SASC.

Provider/ Guardian Phone Number:\_\_\_\_\_     \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider/Guardian E-mail:\_\_\_\_\_\_\_\_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature       Date

Print Name       Student ID#