



**STUDENT ACADEMIC SERVICES**  
**Release of Information Request**

**Full Name:** \_\_\_\_\_

**ID Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Zip:** \_\_\_\_\_

I, (PRINT YOUR NAME) \_\_\_\_\_ certify that I have declared my disability/ disabilities and request accommodations through Oklahoma Wesleyan University's Student Academic Services office.

I authorize the release of all confidential information and documentation related to my disability/disabilities and/or academic performance to the Director of Student Academic Services (SAS). I understand that the SAS will use the obtained information/ documentation to evaluate and put into place appropriate academic accommodations/modifications, and or to assess strategies to enhance my academic programmatic access at OKWU. I understand that, while I am enrolled at OKWU, instructors may have access to this information/documentation.

*All information/documentation released to Student Academic Services is kept strictly confidential.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date