



STUDENT SUCCESS CENTER

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**Release of Information Request**

**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 Success Center 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 Success Center(SSC). I understand that the SSC 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 Success Center is kept strictly confidential.*

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

\_\_\_\_\_  
Date