SAN FRANCISCO STATE UNIVERSITY

STUDENT AFFAIRS & ENROLLMENT MANAGEMENT
DISABILITY PROGRAMS AND RESOURCE CENTER
1600 Holloway Avenue, SSB 110 | San Francisco, CA 94132
Office: 415/338-2472 | Video Phone: 415/335-7210 | Fax: 415/338-1041
E-mail: dprc@sfsu.edu | Web: http://access.sfsu.edu/

Information Exchange Authorization -Third Party

I hereby request and authorize the following two parties to exchange information from my records:

Disability Programs and Resource Center

San Francisco State University
1600 Holloway Ave.
Room. SSB 110
San Francisco, CA 94132

_____
Name of Person | Agency | Organization

_____
Address

_____
City, State, Zip

_____
Phone, Fax or E-mail Address

_____
Other Organization ID# (Medical Record #, etc)

This exchange of information shall be limited to the following items:

☐ Diagnosis & Functional Limitations ☐ Assessments ☐ Accommodations

☐ Other If other: _____

I understand that this authorization becomes effective immediately and is subject to revocation in writing by me at any time. If not earlier revoked, this agreement shall terminate upon my graduation or exit from San Francisco State University OR the following date if I am not a current student:

_____

A photocopy of this form is as valid as the original.

_____
STUDENT'S SIGNATURE

_____
STUDENT NAME

_____
DATE

_____
DATE OF BIRTH

_____
STUDENT ID#