



CALIFORNIA STATE UNIVERSITY, STANISLAUS
801 West Monte Vista Avenue • Turlock CA 95382

AUTHORIZATION FOR RELEASE OF INFORMATION

Student's Name _____

Semester _____ Year _____ Student ID # _____

Please prepare a letter to my instructor(s) requesting: _____ special exam conditions

_____ need for a notetaker

If all information is not completed correctly, this form will be returned to you which will cause a delay in your letters.

Table with 6 columns: Dept., Course #, Sect. #, Instructor's Title, First Name, Last Name. Row 1: HIST, 2030, 004, Dr., Susan, Smith.

_____ I will pick up the letter(s)

_____ Mail the letter to the instructor(s)

My signature below authorizes the Office of Disability Resource Services to release information regarding my disability as I have instructed. I understand that the request will be handled within one week of the date below.

Date: _____

_____ Student Signature

Office Use Only

Date Received _____ Date Ready/Mailed _____ By _____