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>
<thead>
<tr>
<th>Dept.</th>
<th>Course #</th>
<th>Sect. #</th>
<th>Instructor's</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIST</td>
<td>2030</td>
<td>004</td>
<td>Dr. Susan</td>
</tr>
</tbody>
</table>

[ ] 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

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Office Use Only

Date Received ________ Date Ready/Mailed ________ By __________