

Student Academic Support Services Office Egan Hall, Room 105

Phone: 740-284-5358 / Fax: 740-284-7095

*** CONFIDENTIAL *** CONSENT AND AUTHORIZATION TO RELEASE INFORMATION TO SASS

Pursuant to Federal and State Guidelines concerning communication, I	
Person or Organization	
Address	
City, State, Zip	
Phone Number	Fax Number
To release the following information from my file:	
Diagnosis (generally used for physical/1	nedical disabilities and/or conditions)
Psych-Educational/Neuropsychologica	l Evaluations (ADHD and learning disabilities)
Psychological Evaluation	
History of previously used accommoda	tions
Other:	
The information is to be provided to:	ost-secondary institution.
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1235 University Blvd Steubenville, OH 43952	tgreathouse@franciscan.edu
purpose stated above on the scheduled date and time and o other individual or at any other time to the individual nam release information at any time, but recognize that any re	ion applies only to the individual named above and only for the does not permit the release of information concerning me to any ted above. In addition, I understand I may revoke this consent to lease made between the time I authorized it and then revoked it ch of my right to confidentiality.
A photocopy or fax of this authorization shall be con-	sidered as effective and valid as the original.
Print Name:	Signature:
Student ID#:	Date of Birth:
SASS Staff or Witness	