



SOUTHWESTERN UNIVERSITY

Center for Academic Success

REQUEST AND AUTHORIZATION TO DISCLOSE INFORMATION

I, _____
First Middle Last Student ID

authorize: _____
Faculty / Staff Member

to release and communicate with:

First Last Relationship to student

First Last Relationship to student

information concerning my:

- Academic Accommodations
- Housing Accommodations
- Other (specify): _____

I understand that this form expires at the end of the current academic year, unless I revoke this release in writing prior to that date.

Student Signature Date

Faculty / Staff Signature Date