



Shepherd University  
Accessibility Services Authorization for  
Release of Information

In communications with parents and/or families concerning academic matters and accommodations, it is institutional policy, under FERPA, to respect the privacy of the student and not to disclose information from student records without the prior consent of the student. At the student’s request, such information will be provided to parents and guardians.

I, \_\_\_\_\_, authorize Shepherd University Accessibility Services to release information regarding my enrollment at Shepherd to the following person(s):

Name(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The information to be released in written or oral form may include:

- \_\_\_\_\_ Accommodations
- \_\_\_\_\_ Scheduling and registration information
- \_\_\_\_\_ Grades, Grade Point Average, Academic credit information
- \_\_\_\_\_ Other (details) \_\_\_\_\_

The purpose of this release of information is to facilitate the acquisition and implementation of accommodations.

I acknowledge through signature that I understand the purpose of this release form, by signing this form I am giving my permission to release information as indicated. *I further understand that this authorization will remain in effect during my enrollment at Shepherd until revoked by me through written request.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student ID#: \_\_\_\_\_