

**Information Exchange Authorization**

**Student Information**

Students Full Name: \_\_\_\_\_

Campus ID Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**Information Exchange Authorization for Recipient, Agency or Organization**

I hereby request and authorize the following two parties to exchange information from my records:

**First Party:**

**Services for Students with Disabilities**  
 California State University, Fresno  
 Henry Madden Library, Suite 1202  
 5200 N. Barton Ave. Fresno, CA 93720

**Second Party:**

Name of Person/Agency/Org.: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

**Type of Information to be Exchanged**

This exchange of information shall be limited to the following items:

- Diagnosis       Assessments       Accommodations  
 Other:

I understand that this authorization becomes effective immediately and is subject to revocation by me at any time. If not earlier revoked, it shall terminate upon my graduation or exit from Fresno State.

A photocopy of this form is as valid as the original.

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

**\*\*Stop! Withdrawal Consent Only\*\***

**Student Withdrawal of Consent for Release of Information**

This section is to withdraw the second party from accessing records from Services for Students with Disabilities.

I hereby withdraw my consent for my parent, guardian, agency or organization as named above, to have access to Services for Students with Disabilities' records effective immediately.

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