

SUNY MORRISVILLE

— EST. 1908 —

Office of Accessibility Services

Phone (607) 334-5144

Release of Information to Parents Permission Form

I give permission to the Office of Accessibility Services to discuss, if contacted, the following information with my parent(s) or legal guardian(s). I understand that this information will otherwise remain confidential.

Please check the areas that I may speak with your parent(s) or guardian(s) about:

- | | |
|---|---|
| <input type="checkbox"/> Accommodations | <input type="checkbox"/> Accessibility Issues |
| <input type="checkbox"/> Academic Skills | <input type="checkbox"/> Social Issues |
| <input type="checkbox"/> Faculty Consults | <input type="checkbox"/> Emotional Issues |
| <input type="checkbox"/> Advocacy Issues | <input type="checkbox"/> Do NOT release information |
| <input type="checkbox"/> Does Not Apply | |

Comments:

Name (Print): _____ Date: _____

Signature: _____
