

Student Support Services



Mary Kate Barbosa
181 Main Street
Presque Isle, ME 04769
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AUTHORIZATION TO RELEASE AND EXCHANGE INFORMATION

Name: _____ SS#: _____ / _____ / _____ DOB: _____ / _____ / _____

Please *write your initials* in the space provided before each statement that applies to your authorization.

I authorize the information identified to be released:

_____ **FROM** Student Support Services (SSS) **to:** _____

Address: _____ Phone: _____

_____ **TO** Student Support Services (SSS) **from:** _____

Address: _____ Phone: _____

INFORMATION REQUESTED:

_____ Copy of my disability documentation sent to: Mary Kate Barbosa
181 Main Street
Presque Isle, ME 04769
Fax: 207-768-9617

_____ Alternate address: _____

_____ Information and recommendations that will help in arranging for the provision of reasonable accommodations for me.

_____ Information concerning my use of, and the effectiveness of, those accommodations that I have requested and that have been approved by SSS.

_____ Supplemental relevant information regarding disability documentation and/or recommended accommodations.

_____ Other _____

This information is to be used to assist SSS in determining my eligibility to receive accommodations and identifying appropriate reasonable accommodations.

I understand this release expires on: _____ unless I notify SSS earlier. I understand I have the right to revoke this release at any time. I understand if I wish to revoke the release, I must do so in writing and give my written revocation to SSS. I understand the revocation will not apply to information released under this release prior to SSS receiving my written revocation.

Name (print): _____

Signature: _____ Date: _____