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# DISABILITY RECORDS RELEASE OF INFORMATION FORM

Financial and non-directory information on your student record is confidential and protected by the Family Educational Rights and Privacy Act (FERPA) of 1974. In most cases, information cannot be released to a third party, except authorized university officials, without your written consent.

This form authorizes release of information from your educational records to third parties you have designated below.

NET ID or EWU ID	Student Name (Print)	Eagles Email Address
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I authorize designated representatives of Eastern Washington University to release information from my educational accommodation records to those individuals listed below.

Please Print:

Name	Relationship	Phone(s)
Name	Relationship	Phone(s)
Name	Relationship	Phone(s)

**Purpose:** The purpose of this release of information is to share information from the student record with the designated person(s) above. This release does not include the release of unofficial or official transcripts.

I understand that this authorization will remain in effect until I submit a written request to cancel.

Please revoke any previous authorizations for release of information.

Signature of Student	Date
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