## DISABILITY RECORDS REQUEST OF INFORMATION FORM

019 Hargreaves Hall Cheney, WA 99004 Email: SASS@ewu.edu Phone: 509.359.6871

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.

NET ID or EWU ID	Student's First and Last Name (Print)		EWU Email Address	
Extent of information to be discl	osed			
			to receive all relevant medical/psychiatric it, and functional limitations created by	
. ,	~	-	ty (including Woodcock-Johnson Revised needed, and any recommended strategies	
Purpose of Disclosure of Informa	ation			
To determine eligibility for service	es and accommodations	in the post seco	ondary education setting (as outline by	
Section 504 of the Rehabilitation	Act of 1973 and the Ame	ericans with Dis	abilities Act of 1990).	
Please send information to:	(	Current Locatio	n of Records	
Student Accommodations and Su	upport Services			
019 Hargreaves Hall Cheney, WA	99004 -			
Phone: 509-359-6871	-			
Email: SASS@ewu.edu	·	ax:		
	TO THE S	TUDENT:		
	ONSENT FORM MY BE RI THIS CONSENT EXPIRES		U AT ANY TIME. ETION OF YOUR PROGRAM AT EWU.	
	ent. The confidentiality o	of the informati	d to any third party agency or individual on is protected by federal law (PL	
By signing below, I authorize this	request.			
Student Signature			Date	

