

# DISABILITY RECORDS RELEASE OF INFORMATION FORM

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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.

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NET ID or Student ID Number                      First and Last Name of Student (Print)                      EWU Email Address

I authorize designated representatives of Eastern Washington University to release information from my educational records to those individuals or institutions listed below in order to determine eligibility for services and accommodations in the postsecondary education setting (as outlined in Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990). Please select the box next to those that you would like information sent to.

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Name of Individual/Department/Office/Institution                      Street Address

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Phone                      Fax                      City, State, ZIP

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Release to Self/School/Medical Facility/etc.                      Email

Share accommodation details/forms

Share medical details/forms

Other:

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Name of Individual/Department/Office/Institution                      Street Address

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Phone                      Fax                      City, State, ZIP

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Release to Self/School/Medical Facility/etc.                      Email

Share accommodation details/forms

Share medical details/forms

Other:

I understand that this authorization is for a one-time sharing of information, and I will need to submit an additional request for other sharing of information to others.

By signing below, I authorize this request. Completed document should be turned into the EWU SASS Office.

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Student Signature                      Date