

AUTHORIZATION FOR INFORMATION RELEASE

I, _____ Student ID# _____
 hereby authorize Disability Support Services (DSS) to discuss either in writing or orally,
 my academic adjustments or accommodations with appropriate administrators, instructors,
 professors, service providers, student assistants, and other persons deemed necessary by
 the DSS personnel for the purpose of providing and/or coordinating academic services for
 me at Texas Woman's University.

Student Signature	Date	Phone	
Current Address	City	Zip	E-mail

In accordance with Leg. House Bill 1922, an individual is entitled to: request to be
 informed about the information collected about them; receive and review their
 information; and correct any incorrect information.

Disclosure of your student identification number is required in order to be registered with
 Disability Support Services at Texas Woman's University. Your student identification
 number will be used as a unique number to identify you. Any further disclosure of your
 student identification number will be governed by the Public Information Act
 (Chapter 552 of the Texas Government Code).

Please initial that you have read this statement _____.

SEMESTER

Fall	Spring	Summer I	Summer II	Summer III	Year _____
[circle one]					

CLASS SCHEDULE

<u>Dept/Course / Section #</u> <small>[Example: UNIV/ 1000/01]</small>	<u>Days/Time</u>	<u>Location</u>	<u>Professor</u>
_____/_____/_____	_____	_____	_____
_____/_____/_____	_____	_____	_____
_____/_____/_____	_____	_____	_____
_____/_____/_____	_____	_____	_____
_____/_____/_____	_____	_____	_____