



Consent to Obtain or Release Confidential Information

Name: _____

W#: _____

- Permission for Obtaining Information:** I hereby give my permission and consent to the Southeastern Louisiana University Student Accessibility Services to obtain the following information

From:

Agency/Individual	
Telephone	
Email	

- Permission for Release of Information:** I hereby give my permission and consent to the Southeastern Louisiana University Student Accessibility Services to release the following information

To:

Agency/Individual	
Telephone	
Email	

Specification of the date upon which this consent expires: _____

Student Signature

Date

Witness Signature

Date

*If this form is not signed in person at the Student Accessibility Office, the form must be accompanied by a photocopy of the student's id