

**Please submit Completed Form To:**  
Student Disability Resource Center  
Humboldt State University  
1 Harpst Street  
Arcata, CA 95521  
Phone: 707-826-4678 Fax: 707-826-5397  
**Please do not email confidential information**

## Authorization for Release of Information

**Complete this form to authorize the release of your information. Upon completion, submit this form directly to the Student Disability Resource Center.**

I, , give my consent for Humboldt State University's Student Disability Resource Center

**TO RELEASE TO (the person named below, i.e., physician, college/university, etc.)**  
Any pertinent disability information regarding my academic progress (i.e., psychological, medical, learning disability, etc.):

**TO RECEIVE FROM (the person named below, i.e., physician, college/university, etc.)**  
Any pertinent disability information regarding my academic progress (i.e., psychological, medical, learning disability, etc.):

Name:

Address:

City:  State:  Zip Code:

Phone Number:  Fax Number:

For the purpose of:

### Student Consent:

Student Signature: \_\_\_\_\_

Date:

HSU ID:

This release is valid through the academic year: