



SUNY MORRISVILLE

Office of Accessibility Services

315-684-6349

Permissions Form

The Office of Accessibility Services at SUNY Morrisville has permission to access my records. In addition, I give permission to contact my instructors and/or other professionals for the purpose of assisting me in securing the services I need to be successful in my academic career.

Please contact the following:

Instructors

Advisor

EOP

ACCES-VR / VESID Counselor

Counseling Center

It is my understanding that my records are maintained in a secure location. All information is confidential and cannot be released without my written permission.

Print Name _____

Signature _____

Date _____