



SUNY MORRISVILLE

Office of Accessibility Services

315-684-6349

Release of Information to Parents Permission Form

I give my permission for the Coordinator of Accessibility Services of SUNY Morrisville to inform my parents or guardian of issues discussed during our meetings. I understand that this information will otherwise remain confidential.

Please check the areas that I may speak with your parent(s) or guardian(s):

- | | |
|---|---|
| <input type="checkbox"/> Accommodations | <input type="checkbox"/> Accessibility Issues |
| <input type="checkbox"/> Academic Skills | <input type="checkbox"/> Social Issues |
| <input type="checkbox"/> Faculty Consults | <input type="checkbox"/> Emotional Issues |
| <input type="checkbox"/> Advocacy Issues | <input type="checkbox"/> Do NOT release information |
|
 | |
| <input type="checkbox"/> Does Not Apply | |

Comments:

Name (Print): _____ Date: _____

Signature: _____