Release of Information

Elon University
Disabilities Services
Duke 108, 336-278-6500

Permission to Release Information

I, _____,
(print name)

authorize Susan Wise or _____ with
Disabilities Services _____
Elon University _____
(agency / college)

to release to or discuss with _____
(please print)

the following confidential information:

_____

_____

_____

_____ _____
signature date