



Authorization to Release Student Information

Student First Name & Last Name: _____

Student ME ID: _____

Student PVCC Email: _____

I authorize the release of any and/or all information related to my disability and services received at the Disability Resources & Services (DRS) office, to the individuals indicated below.

1. _____

2. _____

3. _____

4. _____

5. _____

I hereby certify that this request has been made freely, voluntarily and without coercion. I understand that this authorization is valid for my time attending Paradise Valley Community College (PVCC) and that I may revoke this authorization at any time.

Student Signature: _____

Date: _____