



Phone (843) 863-7159 • Strom Thurmond Building, Student Success Center • Fax (843) 863-8030 • awatson@csuniv.edu

Student Consent and Authorization to Release Information

Pursuant to Federal Guidelines concerning my right to confidentiality and state law concerning privileged communication:

I _____, _____
(Print Name) (CSU Student ID#)

Authorize the CSU Office of Disability Services to release my documentation to: (initial all that you consent to release information)

_____ CSU Special Needs Committee.

_____ My professors _____ Dean of Students _____ Counseling Center

_____ Career Center _____ Residence Life _____ Dining Services

The Family Education Rights and Privacy Act of 1964 prohibits the release of college information to family members. The Office of Disability Services is unable to discuss your academic situation with anyone who is not listed on your CSU FERPA waiver. The FERPA waiver is available online in MyCSU.

This authorization shall expire upon graduation, my transferring to another institution, or upon my withdrawal from Charleston Southern University. I understand that I may revoke this consent to release information at any time prior to the stated conditions. I also understand that any release made between the time I authorize it and then revoke it shall not constitute a breach of my right to confidentiality.

(Student Signature)

(Date)

This Form and Required Professional Documentation used as justification for requested accommodations must be returned to:

Office of Disability Services
Charleston Southern University
Office Location: Strom Thurmond Building, Student Success Center

Promoting Academic Excellence in a Christian Environment



OFFICE OF DISABILITY SERVICES

Mailing Address: 9200 University Boulevard
Charleston, SC 29423
Phone: 843.863.7159

Promoting Academic Excellence in a Christian Environment

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