Student Accessibility Services Agreement

I, _________________________, grant permission for Student Accessibility Services (SAS) to release the following information to the individual(s) specified below:

- **Professors or Instructors**: To clarify any accommodations needed in class or for use on exams and quizzes.

- **Academic Success Center (ASC)**: Basic information about the scope of my disability to help the tutoring staff at ASC.

- **Academic Advisors**: Basic information about the scope of my disability to help your academic advisor schedule your classes.

SAS has my permission to speak to the following individuals regarding accommodations and services I receive through SAS:

- **Parent/Guardian**:
  Name(s): __________________________________________ / __________________________________________

- **Other**:
  Name: __________________________________________ Relationship: __________________________

This release of information is intended for the specific purpose of assisting my instructors, tutors, advising staff and Student Accessibility Services to understand how best to work with me and to facilitate any needed accommodations while I am attending Kent State University. I understand that these individuals will be instructed to maintain confidentiality of the information provided, and are not to release any information about my disability to other faculty, staff or students at the University without my additional written consent. I further understand that I may revoke or qualify the permission given in this release at any time for any reason.

Signature: __________________________________________ Date: __________________________

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