



CALIFORNIA STATE UNIVERSITY, MONTEREY BAY
 STUDENT DISABILITY & ACCESSIBILITY CENTER
 (SDAC) Health and Wellness Services (Bldg. 80)
 100 Campus Center, Seaside, California 93955-8001
 PHONE: (831)582-3672 FAX/TTY: (831)582-4024
 EMAIL: sdac@csumb.edu
<https://csumb.edu/sdac>

INFORMATION RELEASE FORM

I hereby authorize

California State University Monterey Bay

(name of organization)

Student Disability and Accessibility Center (SDAC)

(attention)

Health and Wellness Services, 100 Campus Center, Seaside, CA 93955-8001

(address, state, & zip code)

To release the following information: (Please write a detailed description of the information you want forwarded. Examples: SDAC services I am authorized for and/or receive/d, and list the semesters or years or specific dates and/or course and section for which your consent is valid. List the type of disability verification you want forwarded such as LD assessment.)

Please address this information to (ex: name of office on or off campus or parent name):

(name of organization or individual)

(attention)

(address, state & zip code)

I authorize SDAC to share information about me and my disability via (check all that apply):

telephone email, campus electronic communication and the Web Mail

Date: _____ Print Name: _____

Student ID: _____

Phone: _____

Requested by: _____

(signature of requestor)

Please Allow 4-6 Weeks for Processing