



1801 East Cotati Avenue
Rohnert Park, CA 94928-3609

DISABILITY SERVICES FOR STUDENTS
Division of Student Affairs and Enrollment Management

707.664.2677 • Fax 707.664.3330 • TTY 707.664.2958
www.sonoma.edu/dss

Consent for Release of Information

Name: _____ Student ID#: _____

I hereby authorize, Sonoma State University-Disability Services for Students (check all that apply)

- To obtain information/records from
- Release my educational records to
- Discuss my disability and limitations with
- Discuss my academic accommodations with

Name of individual: _____

Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

Via: Fax Mail

Please send records to the attention of: Christy Giambastiani (A-L)
 Brent Boyer (M-Z)

I understand that this authorization shall remain valid from the date of my signature below and will end on: Month: _____ Date: _____ Year: _____

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____
(required if under 18)

THE CALIFORNIA STATE UNIVERSITY