



Student Accessibility Support Center (SASC)
128 Educational Communications Center (ECC)
(P) 631-632-6748
(F) 631-632-6747
sasc@stonybrook.edu
stonybrook.edu/sasc

RELEASE OF INFORMATION

I, _____, authorize Student Accessibility Office (SASC),

(student name)

and/or professionals assisting SASC, to provide information relating to

_____ to _____,

(disability)

(provider/guardian)

for the purposes of evaluating, determining and/or implementing accommodations at
Stony Brook University.

I understand that this authorization is voluntary and I may refuse to sign it. This
authorization will expire at the end of the academic year in which I sign it. I understand
that I may revoke this authorization at any time by providing written notice to SASC.

Provider/ Guardian Phone Number: _____

Provider/Guardian E-mail: _____

Signature _____

Date _____

Print Name _____ Student ID# _____