

Confidential Information Release Form

Towson University
Disability Support Services
8000 York Road
Towson, MD 21252
Tel: (410) 704-2638 or (410) 704-3475
Fax: (410) 704-4247

SEND ALL INFORMATION REQUESTED TO: DISABILITY SUPPORT SERVICES

I _____ agree to allow Towson University
(Print Name)
Disability Support Services to:

☐ **Release:**

The following information pertaining to my disability:

To: _____
(Name)

☐ **Obtain:**

The following information pertaining to my disability:

From: _____
(Name)

Signature of Student/Date

Student ID# or DOB

Signature of DSS Staff Member/Date

DSS Staff Member Name