For purposes of evaluating my request for accommodations, I, 

<table>
<thead>
<tr>
<th>Student ID</th>
<th>Name</th>
<th>College</th>
</tr>
</thead>
</table>

**hereby authorize** the disabilities services representative of my college of enrollment to disclose specified information for Fall/Spring ________ (circle the term and write in the year) to the following ONU employees (indicated with an X): 

_____ My college of enrollment's Accommodations Committee (if one exists) 
_____ My college of enrollment's Accommodations Appeal Committee 
_____ Faculty teaching my classes this semester 
_____ Staff who provide support for examination scheduling/administration 

Information that can be disclosed includes any and all information submitted to and/or gathered by Ohio Northern University in relation to my request for academic accommodation(s). I understand that the information described above is part of my educational records and includes information about me which is private under the Family Education Rights and Privacy Act, 20 U.S.C. § 1232g ("FERPA"). By signing this Authorization, I am permitting the College to disclose, to the persons I have identified, information which would otherwise be private and not accessible to them.

I understand that, at my request, the College must provide me with a copy of any educational records it releases to the persons named above pursuant to this Authorization. I understand that I am not legally obligated to provide this information and that I may revoke this Authorization at any time by submitting a written request to revoke to the disability services representative of my college of enrollment. By revoking this authorization, I understand that I will not be permitted any accommodations. A copy of this Authorization is as valid as the original.

This Authorization is a free and voluntary act by me, and I understand the consequences of my Authorization.

This authorization shall expire at the end of the semester noted unless expressly revoked by me previously.

**Student’s Signature:**

Date (mm/dd/yyyy): __________________