

OHIO
NORTHERN
UNIVERSITY

FORM 103

**Authorization to Share Information Related to Student's
Academic Accommodations Request**

Student ID	Name	College
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For purposes of evaluating my request for accommodations, I hereby authorize the Disability Services Coordinator to disclose specified information for the Fall and Spring semesters of (write in the year) to the following ONU employees (indicated with an X):

_____ Faculty teaching my classes this semester

_____ Staff who provide support for examination scheduling/administration

_____ I give permission for the disability services coordinator to send one email to all of my professors with the accommodations memo attached.

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):** _____