

# 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

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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:

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To: \_\_\_\_\_  
(Name)

**Obtain:**

The following information pertaining to my disability:

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From: \_\_\_\_\_  
(Name)

\_\_\_\_\_  
Signature of Student/Date

\_\_\_\_\_  
Student ID# or DOB

\_\_\_\_\_  
Signature of DSS Staff Member/Date

\_\_\_\_\_  
DSS Staff Member Name