



WILLIAM PATERSON UNIVERSITY

ACCESSIBILITY RESOURCE CENTER • SPEERT HALL 134
300 POMPTON ROAD • WAYNE, NJ 07470-2103
973.720.2853 FAX 973.720.3293 • WWW.WPUNJ.EDU

Release of Information

Student's Name: _____
Date of Birth: _____

Student's ID: 855 _____
Contact Phone #: _____

The Mission of the Accessibility Resource Center (ARC) is to assist students with documented disabilities by providing reasonable accommodations and services that ensure equal access to all programs, activities, and related benefits of the University's educational and professional programs. We strive to empower, support and guide our diverse community in achieving, promoting and fostering independence, self-advocacy and success.

Accessibility Resource Center is committed to providing access for all students with documented disabilities to all programs, activities and related benefits of the University's educational and professional programs, in accordance with Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act (1990, as amended in 2008) and applicable state law.

I, _____, hereby give my permission to the Accessibility Resource Center to release and discuss protected information to the person or agency/organization I designate. I understand that my disability-related records are protected under FERPA.

This authorization shall remain in effect for one year from date signed below or (alternate end date: _____). I understand that I may revoke this authorization at any time by notifying the William Paterson University Accessibility Resource Center in writing, except the revocation will not cancel any action taken by the Accessibility Resource Center upon the original Authorization for Disclose of Protected Information.

Information of Person or Agency/Organization to release, obtain, and discuss the protected information:

Name: _____

Contact Information of Person or Agency/Organization (Check all that apply):

Phone Number: _____

Email: _____

Mailing Address: _____

Student Signature: _____

Date: _____

ARC Staff Signature: _____

Date: _____