

Office of Accessibility Services

Phone (607) 334-5144

Permissions Form

The Accessibility Services Office at SUNY Morrisville has permission to access my records. In addition, I give permission to contact my instructors and/or other professionals for the purpose of assisting me in securing the services I need to be successful in my academic career.

Please contact the following:

Instructors ____

Advisor _____

EOP ____

ACCESS-VR / VESID Counselor ____

Counseling Center ____

Other (list) _____

It is my understanding that my records are maintained in a secure location. All information is confidential and cannot be released without my written permission.

Print Name _____

Signature _____

Date _____