



VCU

Student Accessibility and
Educational Opportunity
Student Affairs

RELEASE FOR OBTAINING/SHARING INFORMATION AND/OR RECORDS

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I, _____, grant Virginia Commonwealth University (VCU) Student Accessibility and Educational Opportunity (SAEO) the right to communicate with and/or obtain copies of records, evaluation results, and/or documentation from the following party, organization, practice, and/or institution:

Name of Organization: _____

Attention: _____

Address: _____

Phone Number: _____

I understand that this communication is in regard to necessary information-seeking to better serve me and my needs as a current or future VCU SAEO student. I understand that all information obtained from this communication will remain in my personal file at SAEO and will only be disclosed to appropriate internal SAEO personnel in order to serve my academic needs. I recognize that there are moderate risks to the transferring of information to VCU SAEO from the above-named party, and I will not hold VCU SAEO liable for any information lost or transferred while the information is not in VCU SAEO's possession.

By signing below, I indicate that I:

- Have read, understand, and agree to the above statement.
- Grant my permission for VCU SAEO to obtain/share information, documentation, and/or records from the above-noted party on my behalf.

Student Signature

Date

SAEO Staff/Witness Signature

Date