



O G L E T H O R P E
A C A D E M I C S U C C E S S
C E N T E R

Release Authorization

**AUTHORIZATION TO RELEASE / EXCHANGE
CONFIDENTIAL INFORMATION**

I, _____, authorize the Academic Success Center at Oglethorpe University to release/exchange information pertaining to myself if necessary for my academic welfare. Communication also may include my parents and private practitioners. I understand that any documentation of disability and related issues may need to be discussed with university faculty and/or staff in order to provide the appropriate accommodations to my academic program.

Signature of Student

_____/_____/_____
Date

Signature of Parent / Guardian
(If student is under 18-years old)

_____/_____/_____
Date