

**Release of Information to Parent(s) or Guardian(s)**

I give my permission to the Office of Disability Services (ODS) to discuss with my parent(s) or guardian(s) (named below) my interactions with an ODS representative.

Name of parent(s) or guardian(s):

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This consent may be revoked at any time upon written request.

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Student Signature / Date

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Printed Name / MUID

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Office of Disability Services Representative / Date