

Center for Access and Assistive Technology

Campus Center, Room 130

(518) 6297154 T.D.D. (518) 629596 Fax (518) 629831

**RELEASE AUTHORIZATION**

I, \_\_\_\_\_, (DOB) \_\_\_\_\_,  
give the Center for Access and Assistive Technology permission to release information regarding my disability to  
the following:

A. Offices associated with Hudson Valley Community College, Admissions Office, Health Offices, Profess  
Financial Aid Office, Registrar, Counseling Center, Tutorial Services, Testing Office, Academic Advisors, Adult  
Career and Continuing Education Services, Vocational Rehabilitation (ACCESVR), Commission for the Blind and  
Visually Handicapped, Veterans Administration and any other sponsoring agency.

B. In addition, I authorize the Center for Access and Assistive Technology to obtain information from the following  
contacts, related to my disability that may assist them in providing services to aid my education at Hudson Valley  
Community College.

Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_