



PATH SUCCESS

Release of Information Request

Name: _____

ID Number: _____

Address: _____

Phone: _____

City: _____

State: _____ **Zip:** _____

I, (PRINT YOUR NAME) _____ certify that I have declared my disability/ disabilities and request accommodations through Oklahoma Wesleyan University's PATH Success office.

I authorize the release of all confidential information and documentation related to my disability/ disabilities and/or academic performance to the Director of PATH Success). I understand that PATH Success will use the obtained information/ documentation to evaluate and put into place appropriate academic accommodations/modifications and or to assess strategies to enhance my academic programmatic access at OKWU. I understand that, while I am enrolled at OKWU, instructors may have access to this information/documentation.

All information/documentation released to PATH Success is kept strictly confidential.

Student Signature

Date