



OFFICE OF DISABILITY SERVICES  
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**STUDENT CONSENT & AUTHORIZATION TO RELEASE INFORMATION**

**Pursuant to federal guidelines concerning my right to confidentiality and state law concerning privileged communication:**

I, \_\_\_\_\_ (student name), \_\_\_\_\_ (CSU ID #),  
authorize the CSU Office of Disability Services to release my documentation to: (initial all that you consent to  
release information)

\_\_\_\_\_ CSU Accessibility Team: will assess the evaluation to ensure that it meets Charleston Southern's  
criteria, that the documentation supports the diagnosis(es), and that reasonable accommodations are identified.

\_\_\_\_\_ My professors                      \_\_\_\_\_ Dean of Students                      \_\_\_\_\_ Counseling Center  
\_\_\_\_\_ Career Center                      \_\_\_\_\_ Residence Life                      \_\_\_\_\_ Dining Services

The Family Education Rights and Privacy Act of 1964 prohibits the release of college information to family members. The Office of Disability Services is unable to discuss your academic situation with anyone who is not listed on your CSU FERPA waiver. The FERPA waiver is available online in MyCSU. This authorization shall expire upon graduation, transferring to another institution, or upon withdrawal from Charleston Southern University.

I understand that I may revoke this consent to release information at any time prior to the stated conditions. I also understand that any release made between the time I authorize it and then revoke it shall not constitute a breach of my right to confidentiality.

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
(Date)