**Information Exchange Authorization**

I hereby request and authorize the following two parties to exchange information from my records:

**Accessibility Services**

**California State University, East Bay Name of Person | Agency | Organization**

**25800 Carlos Bee Boulevard, LI 2400** **Address**

**Hayward, CA 94542**

**Address**

**4700 Ygnacio Valley Road, AS 114**

**Concord, CA 94521 Phone | Email Address**

This exchange of information shall be limited to the following items:

ANd9GcTYRtcVoacfZx4i1Huk2bQpv9VDTZ3yRCKcrOwUsMwoqzHPXACn Diagnosis ANd9GcTYRtcVoacfZx4i1Huk2bQpv9VDTZ3yRCKcrOwUsMwoqzHPXACn Assessments ANd9GcTYRtcVoacfZx4i1Huk2bQpv9VDTZ3yRCKcrOwUsMwoqzHPXACn Accommodations ANd9GcTYRtcVoacfZx4i1Huk2bQpv9VDTZ3yRCKcrOwUsMwoqzHPXACn Psycho-Educational Evaluation

ANd9GcTYRtcVoacfZx4i1Huk2bQpv9VDTZ3yRCKcrOwUsMwoqzHPXACn Other:

I understand that this authorization becomes effective immediately and is subject to revocation by me at any time. If not earlier revoked, it shall terminate upon my graduation or exit from Cal State East Bay.

A photocopy of this form is as valid as the original.

**STUDENT’S signature STUDENT’S NAME (PLEASE PRINT)**

**DATE date of birth net id**