



ACCESSIBILITY SERVICES

CALIFORNIA STATE UNIVERSITY EAST BAY

Hayward 510-885-3868 | Concord 925-602-6716 | Online [www.csueastbay.edu/as](http://www.csueastbay.edu/as)

## 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**

**25800 Carlos Bee Boulevard, LI 2400  
Hayward, CA 94542**

**4700 Ygnacio Valley Road, AS 114  
Concord, CA 94521**



NAME OF PERSON | AGENCY | ORGANIZATION

ADDRESS

ADDRESS

PHONE | EMAIL ADDRESS

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

Diagnosis

Assessments

Accommodations

Psycho-Educational Evaluation

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