**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(S)/ORGANIZATION

25800 Carlos Bee Boulevard, LI 2400 **<<** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hayward, CA 94542 **>>**  EMAIL ADDRESS(ES)

4700 Ignacio Valley Boulevard, AS 114 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Concord, CA 94521 PHONE NUMBER(S)

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

 Diagnosis  Assessments  Accommodations  Psycho-Educational Evaluation

 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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.

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STUDENT’S SIGNATURE STUDENT’S NAME

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE DATE OF BIRTH NET ID