

Disability Services
(660) 785-4478



McKinney Building
100 East Normal
Kirksville, MO 63501

General Release of Information

(This form should be completed when a student wishes to have information shared with individuals or organizations other than those listed on the Informed Consent and Release of Information Form).

Student's Name: _____ Banner ID: _____

I, _____,
(Name)

release/exchange information with _____
(Name of individual or organization)

at _____ for the purpose of _____.
(Address and other contact information) (Purpose of the disclosure)

I give permission to share the following information/records:

(Specific information/records to be disclosed)

This permission will expire on _____ unless I notify Disability Services in writing to discontinue disclosure or exchange of information prior to this date.

Student's Signature

Date

Disability Services Staff/Witness Signature

Date

Truman State University
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