

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:

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(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  
Disability Services  
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100 East Normal  
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