CONSENT TO RELEASE CONFIDENTIAL INFORMATION

This is an agreement between EWU Disability Support Services and:

NAME ______________________________________________________

Last            First            M.I

I, ______________________________, hereby authorize the Disability Support
Services Office at EWU to forward the following records of my disability to a
third party agency or individual in order to determine eligibility for services and
accommodations in the postsecondary education setting (as outlined in Section
504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of
1990):

___________________________________                                  ___________________
Signature Date