



AUTHORIZATION FOR INFORMATION RELEASE

I, _____, NSU ID# _____,
authorize:

Arlene Giczkowski, Director of Student Disability Services
Nova Southeastern University
3301 College Avenue
Fort Lauderdale, Florida 33314-7796

To obtain the following necessary information pertaining to my disability:

From: (specify name and address)

I understand this information will be used only for educational purposes. I also understand that this authorization may be voided upon written notice to the Office of Disability Services.

Signature

Date

Print Name

Date of Birth