



**RELEASE OF INFORMATION**

I, \_\_\_\_\_, NSU ID # \_\_\_\_\_,  
authorize:

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

To furnish and release to or discuss with \_\_\_\_\_,

The following information: \_\_\_\_\_

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

The purpose of this release of information is to: \_\_\_\_\_

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

I understand that the information requested is confidential in nature.

This release is subject to revocation in writing by me at any time.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date of Birth*