



## Student Consent Form

I, \_\_\_\_\_ DO HEREBY GIVE MY PERMISSION TO CONSULT WITH THE FOLLOWING INDIVIDUALS:

\_\_\_\_\_/\_\_\_\_\_  
(RELATIONSHIP)

\_\_\_\_\_/\_\_\_\_\_  
(RELATIONSHIP)

\_\_\_\_\_/\_\_\_\_\_  
(RELATIONSHIP)

IN CONCERNING MY ACCOMMODATION NEEDS IN AN ATTEMPT TO PROVIDE THE ABSOLUTE BEST SERVICE TO ME. I FURTHER UNDERSTAND THAT THE INFORMATION OBTAINED BY DISABILITY SERVICES IS STRICTLY CONFIDENTIAL AND WILL NOT BE DISTRIBUTED OR DISCUSSED AMONG OTHER FACULTY OR STAFF MEMBERS UNLESS I GRANT PERMISSION STATING OTHER WISE IN WRITING.

Information is valid: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Students Name: \_\_\_\_\_/\_\_\_\_\_  
(Print) (Signature/Date)

Student I.D. #: \_\_\_\_\_

ASU Disability Services: \_\_\_\_\_  
(Signature/Date)