



**Access Center  
Plaza Building, Suite 122  
Campus Box 56, PO Box 173362  
Denver, CO 80217-3362  
(303) 615-0200  
Fax: (720) 778-5662**

**INFORMED CONSENT TO SHARE INFORMATION**

I HEREBY AUTHORIZE

\_\_\_\_\_ and \_\_\_\_\_  
(Accessibility Coordinator)

to share academic and disability related information regarding:

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student ID#: \_\_\_\_\_

This consent may be withdrawn at any time except when action has already been taken to comply with this consent. Unless you state you want to withdraw this consent, it will remain in effect.

\_\_\_\_\_  
Authorizing Signature Date