

STUDENT CONSENT FORM

Office of Accessibility & Veterans Affairs
Derriya Sankey, Director- 334-229-5127- dsankey@alasu.edu

I, _____ do hereby give my permission to consult with the following individuals;

Name Relationship to Student

Name Relationship to Student

I understand that the information obtained by the Office of Accessibility & Veterans Affairs is confidential and will not be distributed or discussed with faculty or staff unless otherwise directed by the student who must provide written consent.

This consent is valid from _____ to _____
[Insert Date] [Insert Date]

Student Signature Date _____

Director, Office of Accessibility & Veterans Affairs Date _____

