

## AEC Consent for Release of Information

\_\_\_\_\_  
Student Name *(Please Print)*

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

Select duration of release request:

- ☐ One time only.
- ☐ Valid for one year from signature date.

Release the following information, check all that apply:

<input type="checkbox"/> Prescribed Accommodations	<input type="checkbox"/> Disability Documentation on-file with AEC
<input type="checkbox"/> Discussion <input type="checkbox"/> Document Release	<input type="checkbox"/> Discussion <input type="checkbox"/> Document Release

**Check one** *(incomplete forms will not be processed):*

- ☐ **Student will pick up documentation in AEC Main Office.**
- ☐ **AEC will send copy of requested documentation, release information to:**
- ☐ Mail    or    ☐ Email

Name: \_\_\_\_\_  
(Person or Organization)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

By signing this form, I am hereby authorizing AEC professional staff members to release the above selected information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**REQUESTS MAY TAKE UP TO 10 BUSINESS DAYS TO BE PROCESSED**