

## 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**