EAGLE Academy treats and regards all written documentation obtained to verify a disability, and plan for appropriate services, as well as, documented services and contracts with the Student Disability Resource Center as confidential. However, it may be necessary for our staff to exchange some information about you with the Georgia Southern University faculty and staff in order to provide educational opportunities and experiences on and off campus. This exchange will occur only with your written permission, as given in the document below, and with the understanding that only information necessary for the purposes of accommodation and academic progress will be communicated.

Name: _____________________________________________________________

I give permission to exchange information about me with the offices/individuals checked below:

_____ School District(s) _______________________________________________ (list schools)

_____ School Personnel _______________________________________________ (list personnel)

_____ Department of Vocational Rehabilitation Office

_____ Student Disability Resource Center

_____ Admissions Office

_____ Housing Office

_____ Financial Aid Office

_____ Registrar’s Office

_____ Job sites (as arranged through EAGLE Academy)

_____ Tutors and Mentors

_____ Other (Please Specify) ____________________________________________

Additionally, I hereby give permission for EAGLE Academy at Georgia Southern University to use my photograph, quotes, and/or videotapes of me for public relations and/or training purposes.

Student Signature: ________________________________________   Date: _________________

Parent/Guardian Signature: _________________________________   Date: _________________

Witness Signature: ________________________________________   Date: _________________