



**GREAT FALLS
COLLEGE**
MONTANA STATE
UNIVERSITY

Disability Services
2100 16th Ave. So.
406-771-4311
FAX: 406-771-4342
gfcmsu.edu

AUTHORIZATION FOR RELEASE AND EXCHANGE OF INFORMATION

Please print and fill out this form and mail it to the Director of Academic Success and Accessibility at the address above or fill out the form and email to Katherine.meier@gfcmsu.edu

I, _____, do hereby authorize the release and exchange of the following information:

between the following individuals and/or agencies:

Name: _____

Title: _____

Business/Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ FAX: _____

And
Academic Success and Accessibility
Great Falls College MSU
2100 16th Ave. So.
Great Falls, MT 59405
406-771-4311, (Voice)
406-205-1075, (Sorenson Video Relay)
406-771-4342, (FAX)

I understand that all information released and/or exchanged is confidential and may not be released to any party other than those listed above without my written consent. I also understand that I may cancel his agreement at any time by notifying either party listed above in person or in writing.

Signature:
Name (print): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Date: _____

Updated: 7/19