

SYRACUSE UNIVERSITY



OFFICE OF DISABILITY SERVICES

Learning Assessment Center

SPONSORSHIP AGREEMENT FORM

I understand that _____ has agreed to sponsor me for the full cost of a screening and/or evaluation at the Learning Assessment Center. As a result, I understand that the Learning Assessment Center will need to release information regarding my participation and completion of my screening and/or evaluation to the above sponsoring department in order to receive payment. The Learning Assessment Center will only acknowledge that I have *participated in* and *completed* a screening and/or evaluation, but will not release any other information regarding reports, results, or recommendations to the sponsoring department.

By signing this form, I give permission for the Learning Assessment Center to release information regarding my participation and completion of a screening and/or evaluation to the above sponsoring department. A copy of this form will be given to me for my records.

Student Signature _____

Date _____

Clinician Signature _____

Date _____