



Disability Services Office

Release/Notification of Information Form

Name: _____ Date: _____

Social Security: _____ Major: _____ Current Semester: _____

Campus Phone: _____ Campus Box: _____

Home Phone: _____ Email: _____

I, _____, hereby authorize the Disability Services Office at Philadelphia University to release information about my disability, as needed, to provide accommodations.

I am requesting accommodations for the _____ semester.

Testing Accommodations

Extended Time Distraction Free Test on Computer Reader Scribe
 Calculator Other: _____

In Class Accommodations

Notetaker Interpreter Tape recorded lectures
 Video taped lectures Special lighting or physical classroom adaptations

Other: _____

This information may be released to the following professors:

Professor Name	Course Name and Section Number

The purpose of this disclosure is to notify professors and request accommodations. This information is valid for the _____ semester.

I further acknowledge that the information to be released or obtained was fully explained to me, and that this consent is given of my own free will. This consent is subject to revocation at any time to the extent that action has been taken in reliance thereof.

Student Signature: _____ Date: _____

Witness Signature: _____ Date: _____