



Release of Information

(Name)

(Webster ID)

(Phonenumber)

I hereby authorize Webster University to notify the following individuals of my disability or disabilities and to discuss my accommodations and academic needs with them. By doing so, I am ensuring that I have access to information and the opportunity to achieve academic success equivalent to that provided to students without disabilities.

Webster University may (please initial):

_____ Print and send letters of accommodation and the above selected handouts to my instructors

_____ Collaborate with Webster faculty and staff as appropriate.
Exceptions: _____

C _____ Collaborate with physicians, therapists, Vocational Rehabilitation, or Rehabilitation

_____ Collaborate with family members or others (please list name and phone number).

I understand that if my circumstances change, I may update this release of information.

(Student signature)

(Date)