

RELEASE OF INFORMATION

NAME (Last, First, Middle) WEBSTER ID PHONE NUMBER

I hereby authorize Webster University to notify the following individuals of my disability or disabilities and 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 staff designated to handle disability accommodations may:

- _____ **print and send letters of notification to my instructors listing the accommodations and academic needs agreed upon by Webster and myself**
- _____ **collaborate with Webster faculty and staff as appropriate (EXCEPTIONS: _____)**
- _____ **collaborate with Webster’s Career and Employment Services**
- _____ **collaborate with Veterans Administration personnel**
- _____ **collaborate with physicians, therapists, or other medical personnel**
- _____ **collaborate with Vocational Rehabilitation (VR)**
- _____ **collaborate with Rehabilitation Services for the Blind**
- _____ **collaborate with family members (Please list names and telephone numbers: _____)**
- _____ **collaborate with others (Please list names and telephone numbers: _____)**

I understand that only those individuals or groups whose items I have initialed above have my permission for the release of information concerning my disability or disabilities. As circumstances change, I may update this release of information.

Student Signature

Date