

RELEASE OF INFORMATION

NAME (Last, First, Middle)

WEBSTER ID

PHONE NUMBER

I hereby authorize the Academic Resource Center 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.

Academic Resource Center staff may:

_____ **print and send letters of notification to my instructors listing the accommodations and academic needs agreed upon by the ARC and myself**

_____ **collaborate with Webster faculty and staff as appropriate
(EXCEPTIONS: _____)**

_____ **collaborate with and send letter of ADA accommodations to academic counselor:
_____**

_____ **collaborate with Webster's Counseling Center**

_____ **collaborate with ARC's Assistive Technology Specialist _____**

_____ **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