

Release of Information

(Name) (Webster ID) (Phone number)

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: _____

_____ Collaborate with physicians, therapists, Vocational Rehabilitation, or Rehabilitation Services for the Blind as appropriate. Exceptions: _____

_____ Collaborate with family members or others (please list names and phone numbers).

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| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

I understand that only those individuals or groups whose items I have indicated 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)