



# 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)