



ADVENTHEALTH UNIVERSITY OFFICE FOR STUDENTS WITH DISABILITIES

ON CAMPUS RELEASE OF INFORMATION

By checking the box below, I authorize the Office for Student Disabilities (OSD) to provide information to and receive information from the following source(s) related to my disability. I may revoke any part of this permission form at any time by providing a written notice to the OSD.

- Academic Dean
- Assigned Advisor
- Center for Educational Technology (Canvas)
- Financial Aid
- Instructors and their Supervisors
- Library / Writing Center
- Register
- Student Services
- Other _____
- None of the Above

I request that the OSD inform the above checked individuals about my accommodation needs. It is my responsibility to provide the OSD with a completed Request for Accommodations form each term.

_____/_____/_____
Student's Name (SIGNATURE) Date

Student's Name (PRINTED) Student ID #

()

Telephone Home Cell E-mail Address