

PEPPERDINE UNIVERSITY

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INFORMATION RELEASE FORM—PERSONAL USE

Please Print or Type

STUDENT NAME: Last, First, M.I.

CAMPUS WIDE I.D. #

PERMANENT ADDRESS

CITY

STATE

ZIP CODE

PHONE

EMAIL ADDRESS

Release of Information

I hereby give permission to the staff of the Office of Student Accessibility to release the information in my file to me for my personal use.

Signature:

Date:

Additional Notes/Comments: _____
