CONFIDENTIAL

INFORMATION RELEASE FORM

Pepperdine University
Office of Student Accessibility
TCC 264 | 310.506.6500

Please Print or Type

STUDENT NAME ***Last*** ***First*** ***M.I.***			CAMPUS WIDE I.D. #
CAMPUS BOX # (or off campus local address where you receive mail)			
CITY	STATE	ZIP CODE	PHONE #
EMAIL ADDRESS:			

PERMANENT ADDRESS			
CITY	STATE	ZIP CODE	PHONE #

Release of Information

I hereby give permission to the staff of the Office of Student Accessibility to discuss my accommodation needs with Pepperdine University faculty and/or staff who request such information either verbally or electronically.

I also give permission for OSA staff to speak with the following individuals outside of Pepperdine University (this could be a parent or other family member, physician, psychologist, etc): Please use additional paper as necessary.

Name	Relationship to student	Phone	Email
Name	Relationship to student	Phone	Email

Student initials **Date**

Additional Notes/Comments: _____

(7/18/2017)