

INFORMATION RELEASE FORM

Pepperdine University
Disability Services Office
TCC 264
(310) 506-6500

Please Print or Type

STUDENT NAME			CAMPUS WIDE I.D. #
<i>Last</i>	<i>First</i>	<i>M.I.</i>	
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 Disability Services Office to discuss my accommodation needs with Pepperdine University faculty and/or staff who request such information.

I also give permission for DSO staff to speak with the following individuals outside of Pepperdine University (this could be a parent or other family member, physician, psychologist, etc):

Name Relationship to student Phone/Email

Name Relationship to student Phone/Email

Student initials

Date

Additional Notes/Comments: _____
