INFORMATION RELEASE FORM

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

Please Print or Type

STUDENT NAME Last	First	М.І.		CAMPUS WIDE I.D. #	
CAMPUS BOX # (or off ca	ampus local address where y	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		
onal Notes/Comments: _			