



Release of Information Form

I, _____, authorize Student Disability Services and

(PRINT FIRST AND LAST NAME)

its designated representatives to discuss my disability-related needs with authorized members of the Nova Southeastern University administration and/or faculty for the purpose of assisting me in my program, as well as determining reasonable accommodations. I understand this information is confidential in nature and will be used only for educational purposes. I understand that this authorization may be withdrawn by me at any time through a written, signed, and dated request.

Signature

Date

NSU ID#

Please **RETURN** this form with your documentation.