



## Release of Information Form

I, \_\_\_\_\_, authorize Student Disability Services and its

*(PRINT FIRST AND LAST NAME)*

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 I understand that this authorization may be withdrawn by me at any time through a written, signed, and dated request.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.