

Release of Information

(Name) (Webster ID) (Phone number)

I hereby authorize Webster University to notify the following individuals of my disability or disabilities and to discuss my accommodations and academic needs with them. By doing so, I am ensuring that I have access to information and the opportunity to achieve academic success equivalent to that provided to students without disabilities.

Information to be sent to instructors:

- | | |
|--|---|
| <input type="checkbox"/> Autism Spectrum handout | <input type="checkbox"/> Seizure handout |
| <input type="checkbox"/> CART services handout | <input type="checkbox"/> Service animal handout |
| <input type="checkbox"/> Sign language interpreter handout | <input type="checkbox"/> Other: _____ |

Webster University may (please initial):

_____ Print and send letters of accommodation and the above selected handouts to my instructors.

_____ Send my class schedule to the Public Safety office for use in the event of an emergency. (Home campus only.)

_____ Collaborate with Webster faculty and staff as appropriate.

Exceptions: _____

_____ Collaborate with physicians, therapists, Vocational Rehabilitation, or Rehabilitation Services for the Blind as appropriate. Exceptions: _____

_____ Collaborate with family members or others (please list names and phone numbers).

_____	_____
_____	_____
_____	_____

I understand that only those individuals or groups whose items I have indicated above have my permission for the release of information concerning my disability or disabilities. As circumstances change, I may update this release of information.

(Student signature) (Date)