

DEAN OF STUDENTS' OFFICE – STUDENT INFORMATION
RELEASE FORM

NAME: _____

CLASS YEAR/SECTION: _____ STUDENT ID#: _____

ADDRESS: _____

TELEPHONE: _____ DATE: _____

I hereby authorize disclosure to the following faculty of the reasonable accommodation(s) provided to me by Suffolk University Law school in compliance with the Americans with disabilities Act.

Accommodation(s): _____

NOTIFICATION TO:

1) Professor _____

Course Title: _____

2) Professor _____

Course Title: _____

3) Professor _____

Course Title: _____

4) Professor _____

Course Title: _____

5) Professor _____

Course Title: _____

STUDENT SIGNATURE: _____ **DATE:** _____