

**INFORMATION RELEASE FORM**

**Pepperdine University  
Office of Student Accessibility**  
Student Assistance Center 105 | 310.506.6500

**Please Print or Type**

STUDENT NAME			CAMPUS WIDE I.D. #
Last	First	M.I.	
CAMPUS BOX # (or off campus local address where 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 Office of Student Accessibility to discuss my accommodation request (either verbally or electronically) with Pepperdine University faculty and/or staff who need such information to evaluate my request or implement a reasonable accommodation.

I also give permission for OSA staff to speak with the following individuals outside of Pepperdine University to discuss my accommodation request (either verbally or electronically) (this could be a parent or other family member, physician, psychologist, etc): Please use additional paper as necessary.

\_\_\_\_\_  
Name                              Relationship to student                              Phone                              Email

\_\_\_\_\_  
Name                              Relationship to student                              Phone                              Email

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

Additional Notes/Comments: \_\_\_\_\_