



Student Disabilities Services

215.573.9235 (v) 215.746.6326 (fax) 215.746.6320 (TDD)

<http://www.vpul.upenn.edu/lrc/sds/>

RELEASE OF INFORMATION

(date)

I, _____, give the Office of Student Disabilities Services permission to obtain/release my disability documentation, accommodation record, medical information, conversational information or _____
to:

This release expires in 60 days unless otherwise indicated: _____

(student)

(date)

(witness)

(date)