

Student Disability Accommodations Semester Release of Information

This signed form allows Disability Services to email a letter disclosing your accommodations to the professors of the classes listed below. A copy of this emailed letter will be sent to your Carroll email. The Office of Services for Students with Disabilities requires that students provide this signed form no later than 5 working days before any test date (not counting day of the test).

I, (name) _____, request disability accommodation(s) from Carroll University. I hereby release information related to my disability to current instructors, staff, and/or coaches for the purposes of assisting the University in the implementation of reasonable accommodation(s) for the courses, programs, and /or activities in which I am enrolled for semester/year: _____.

I understand that this information will be kept confidential and will be disclosed only to those authorized by me, with a legitimate educational interest in the accommodation(s) requested. Courses, programs, and/or activities for which I am requesting accommodation(s) are listed below.

If you have note takers as an accommodation, write "Yes" or "No" in the left column indicating whether you want a note taker for the class

Notetaker (YES OR NO)	Course & Section Letter (ex: PSY225-C, ANP 130 Lab-H)	Class schedule (ex. TR 2-3:50)	Instructor's FIRST AND LAST name

Signature: _____ ID# _____ Date: _____