|  |  |
| --- | --- |
|  | **Student Disability Services**2130 Fulton StreetSan Francisco, CA 94117Tel 415.422.2613Fax 415.422.5906www.usfca.edu/sds |

University of San Francisco

Student Disability Services

Permission to Disclose Information

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give USF Student Disability Services (SDS) permission to disclose information and/or provide documentation regarding my disability to university faculty, staff, administrators and/or other(s) indicated below.

Where no names appear, I give SDS permission to release information regarding my disability, at their discretion, to faculty, staff, administrators and/or other(s) that have a vested interest in my studies at USF.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Date