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|  | **Student Disability Services**  2130 Fulton Street  San Francisco, CA 94117  Tel 415.422.2613  Fax 415.422.5906  www.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.

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Student Date