

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