

## **Student Disability Services**

2130 Fulton Street
San Francisco, CA 94117
Tel 415.422.2613

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## University of San Francisco Student Disability Services

## Permission to Disclose Information

1	· HGE Gt. 1
1,	, give USF Student
Disability Services (SDS) permission to disclose	e information and/or provide documentation
regarding my disability to university faculty, sta	ff, administrators and/or other(s) indicated
below.	
Where no names annear I give SDS nermission	to release information regarding my disability, at
their discretion, to faculty, staff, administrators	
studies at USF.	and of other(s) that have a vested interest in my
studies at USF.	
Student	Date