

Student Disability Services

Gleeson LL 20 2130 Fulton Street San Francisco, CA 94117 Tel 415.422.2613

Fax 415.422.5906 usfca.edu/sds Twitter: @usf_sds

University of San Francisco Student Disability Services

Permission to Request Information

| I, | , give USF | |
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| Student Disability Services (SDS) perm | ssion to request and obtain information and/or | |
| documentation regarding my disability. | | |
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| Please forward any information and/or of | ocumentation regarding my disability assessment to the | he |
| office of Student Disability Services. The | ank you. | |
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| Student | Date | |
| Student | Date | |