

## Release of Information - Accommodation Letter Request Form

In order for the Office of Student Affairs to provide disability services, you must, in accordance with college policy and your right of confidentiality, authorize this release of information. The release form authorizes the Office of Student Affairs to disclose your status as an individual with a disability and approved accommodations, as appropriate and useful to the individuals that you list below

I \_\_\_\_\_ indicate by signing this release on (date) \_\_\_\_\_ that I am giving consent to discuss my accommodations with the following individuals:

Dean of CHSU: Dr. John Graneto

Associate Dean for Academic Affairs/ Clinical Affairs: Dr. Mahboob Qureshi

Associate Dean of Osteopathic Clinical Education and Simulation : Dr. Lisa Chung

Assistant Dean of Student Affairs, Enrollment and Accreditation: Mrs. Mattie Bendall

Director of Academic Affairs: Dr. Rouby Mavyan

Director of Student Services: Dr. Leticia Herrera

**Student's Signature:** \_\_\_\_\_

**Student's Printed name:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_

(include city, state & zip code)

**Telephone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Student ID Number** \_\_\_\_\_

### Office Use Only

#### **Classroom Accommodations:**

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#### **Testing Accommodations:**

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**Date ROI received:** \_\_\_\_\_ **by:** \_\_\_\_\_

**LOA Processed:** \_\_\_\_\_ **by:** \_\_\_\_\_