



Office of Disability Services

Office of Disability Services

Release of Information Form-Point

PART A

Student's Name _____ Date _____

Email Address _____ Phone _____

I hereby give permission to the Director of Disability Services to release confidential information about my disability to my family, professors and necessary personnel within Point University. This release allows any member of my family, professors or other Point University personnel to communicate with the Office of Disability Services. This release form also allows communication with professionals referred to in Part B, as well as other agencies involved in providing documentation and accommodation recommendations for me at Point University.

PART B

Students at Point University are required to obtain documentation on letterhead from a physician, audiologist, neuropsychologist, psychologist, psychiatrist or an appropriate qualified licensed practitioner. The letter must certify the student's physical or mental impairment that substantially limits one or more major life activities and how this affects University courses of study.

An IEP does not always satisfy the documentation requirements for the need for reasonable accommodations. Therefore, the University reserves the right to require additional information as needed.

Student Signature

Parent/guardian signature if under 18

Signature of Director of Disability Services