

**Release of Disability Documentation**

My signature below verifies that I requested a copy of my disability documentation from my file in the Office of Disability Services Office (ODS)\*.

I would like to receive the information via: (Please check)

\_\_\_\_ Pick-up at the Office of Disability Services

\_\_\_\_ Fax # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_Scanned Copy (Sent to emarq email address)

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Student Signature / Date

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Printed Name / MUID

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Office of Disability Services Representative / Date

\*ODS will keep a copy of documentation in a secure location for 7 years after the student leaves the university, after which time it will be securely destroyed.