

RELEASE OF INFORMATION

I, the undersigned Bethel University student, having confirmed I am of sound mind and over the age of 18, hereby grant express permission to the professional staff at the Office of Disability Services at Bethel University to discuss issues and release information relevant to my disability and my access to the services, programs, and courses at Bethel University with other appropriate and necessary Bethel University officials, faculty, and staff. As I have previously communicated with the Office of Disability Services regarding a 504 Plan or other similar accommodations, I understand that this Release primarily relates to information necessary to determine and possibly provide appropriate and reasonable accommodations. I also understand that my consent to this Release of Information will remain in effect for the duration of my enrollment at Bethel University, yet I may withdraw my consent at any time by providing written confirmation of the same to the Office of Disability Services. Lastly, in light of any type of direct threat situation involving my safety and/or the safety of others, I also understand that the Office of Disability Services may discuss issues and release relevant information to other Bethel University officials as well as law enforcement, mobile crisis services, and/or other first responders.

Student Name: _____

Student ID Number: _____

Student Signature: _____ Date: _____

(If Applicable)

Guardian Signature: _____ Date: _____