



Disability Access and Education

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www.fresno.edu/students/disability-access-and-education

Request for Release of Information

Student's Name: _____ Date: _____

Mailing Address: _____ Student ID #: _____

City: _____ State: _____ Zip Code: _____

I hereby request the release of information to the office of Disability Access and Education at Fresno Pacific University for the purposes of verifying previous diagnosis, assessment, or services.

Originating office or institution: _____

Information to be released: _____

Student Signature _____ Date _____