

**Disability Access and Education**

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Fresno, CA 93702-4709

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[Disability.services@fresnoaccess.fresno.edu](mailto:Disability.services@fresnoaccess.fresno.edu)



**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 \_\_\_\_\_