



Release of Disabilities Information

Full Name: _____ ID _____ Major _____

Date: _____

I have provided Anderson University with a recent professional assessment or verification of my learning or physical disability. I have discussed this information with the staff of the **Center for Student Success** and now request that the **Center for Student Success** notify the following Anderson University officials of my disability and needed adjustments and modifications:

Check all that apply:

- Academic Advisor
- Dean of my college (or designee)
- Counseling Services Staff
- Wellness Services (Thrive)
- Residence Life Staff
- Financial Aid Staff
- Vocational Rehabilitation Counselor
- Other official (Name: _____)
- All of my instructors for fall and spring including summer (if I attend a summer AU session).**

I understand that (initial beside each bullet if you understand):

- My permanent file at Anderson University is available only to those university officials with a legitimate educational interest in that information.
- My release form will remain active and valid while I am enrolled as a student at Anderson University as a client of the Center for Student Success. Should I no longer need services through CSS and/or wish to null and void this release-I will need to inform CSS of this in writing-either by email or letter.
- I will not have an active plan unless I receive an email from CSS with accommodations (each semester/session). I will need to inquire at CSS if the said email is not sent to me. Also, you will need to **email Mrs. Berndt or Mr. Russell immediately if your schedule is changed.**
- I will need to meet with each professor each semester/session regarding my accommodations to activate my accommodations plan.

Signature

Date