INFORMATION RELEASE FORM

Pepperdine University Office of Student Accessibility Student Assistance Center 105 | 310.506.6500

Please Print or Type

STUDENT NAME Last First		М.І.		CAMPUS WIDE I.D. #			
Lasi	FIISL	IVI.I.					
CAMPUS BOX # (or off campus local address where you receive mail)							
CITY		STATE	ZIP CODE	PHONE #			
EMAIL ADDRESS:							

PERMANENT ADDRESS							
CITY	STATE	ZIP CODE	PHONE #				

Release of Information

I hereby give permission to the staff of the Office of Student Accessibility to discuss my accommodation request (either verbally or electronically) with Pepperdine University faculty and/or staff who need such information to evaluate my request or implement a reasonable accommodation.