



# TRINITY UNIVERSITY

DISABILITY SERVICES FOR STUDENTS • DIVISION OF STUDENT AFFAIRS

ONE TRINITY PLACE  
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(210) 999-7411 voice  
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## Request and Authorization for Release of Information Form

I, \_\_\_\_\_, request and authorize  
(print full name)

Disability Services for Students at Trinity University to release information concerning my need for accommodations due to a disability to faculty and staff members of Trinity University as needed to develop and implement appropriate and reasonable accommodations. Normally, the nature of the impairment will be disclosed without details about my diagnosis and conditions, except as necessary for the provision of services.

This release will be valid as long as I am a student at Trinity University.

Signature: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Witnessed by: \_\_\_\_\_

Date: \_\_\_\_\_