

Academic Affairs• Office of Student Accessibility Services 118 Beacon Street• Boston, MA 02116 Phone (617) 670-4429 • Fax 617-670-4439

Release of Information

(1 Totessional's Name and Oredentials)	
I am requesting services from the Office of Student Accessibility Services at to determine my eligibility for academic accommodations and to develop an provide current and comprehensive documentation to Accessibility Services	educational plan, I must
In accordance with FERPA and HIPAA, I, to complete the Disability Verification For information to Accessibility Services, Fisher College. I grant you permission related materials such as neuropsychological evaluation, psycho-educations evaluations that may be relevant in determining my eligibility for academic a authorize you to speak and consult with the Director of Accessibility Services documentation and educational future. All information is treated in a confidence.	m and to release to disclose all disability- al testing and clinical accommodations. Lastly, I about my
Please contact Dr. Wanda Camacho-Maron at 617-670-4429 or wcamac f you have any questions or concerns. Completed forms should be subm Camacho-Maron, Director of Student Accessibility Services, 118 Beacon 02116, fax#617-670-4439.	nitted to: Dr. Wanda
(Student Name/Print)	(Date)
(Student Signature)	