



Disability Services
Division of Student Affairs

Documentation Release Form

I, _____, hereby request a release of my submitted documentation from Louisiana State University's Disability Services, which verifies my disability and/or the need for accommodations. I am requesting that the said documentation be released to:

Name: _____

Institution (optional): _____

Phone Number: _____

Please indicate the preferred delivery of the requested documentation:

_____ I prefer DS to send the requested documentation through a secured link to the following email address: _____

_____ I prefer DS to provide the requested documentation in a printed copy for the following individual to pick up at DS' Main Office: _____

Signature of Present/Past Student: _____

Printed Name of Present/Past Student: _____

LSU ID Number: _____

Email: _____

Daytime Telephone Number: _____

Date: _____