



BUSINESS
COLLEGE

LDS Business College—Disability Services Permission to Release Information from College

I, _____, _____,
(Name of Student) (LDSBC Student ID #)

hereby authorize LDS Business College Disability Services to release, whether via paper, oral, or electronic interchange, information concerning my disability (documentation, modifications, and disability related needs) for the purpose of assisting me in my academic program, as well as in determining reasonable modifications.

to:

Name/Organization: _____

Address: _____

Phone number: _____

I authorize that this information release will be in effect for:

_____ Current semester

_____ The period _____ to _____

_____ Throughout the time that I am enrolled as a student at LDSBC.

I understand that I may revoke this permission to release information at any time by submitting written notice to LDS Business College Disability Services.

Student Signature

Date

Student Development Center
LDS Business College
95 N. 300 W. Salt Lake City, UT 84101
OFFICE: 801-524-8151
FAX: 801-524-1900
E-MAIL: DisabilityServices@ldsbc.edu