



BUSINESS
COLLEGE

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

I, _____ (Printed name), hereby authorize

Name/Organization: _____

Address: _____

Phone number: _____

to release information regarding my disability to the Disability Services Office at LDS Business College in Salt Lake City, Utah.

This will authorize _____ [Name/Organization] to furnish and release, whether via paper, oral, or electronic interchange, to LDS Business College Disability Services any and all information concerning me in _____ [Name/Organization]'s possession, including, but not limited to, psychological/medical reports, diagnosis, testing records, level of severity, and recommendations for academic accommodations and modifications. This release will also authorize _____ [Name/Organization] to discuss information concerning me with a representative of LDS Business College Disability Services.

I understand that I may revoke this permission to release information at any time by submitting written notice to LDS Business College Disability Services. Signing this form is voluntary, but failing to sign it or revoking it could prevent an accurate or timely decision and/or result in the denial or loss of an academic accommodation or modification if such information was relied upon by LDS Business College Disability Services.

Student Signature

Date

Please send documentation to:
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