



Student Release of Information / Verification of Disability

The below named Columbia Southern University Applicant/Student has self-disclosed a condition protected under the Americans with Disabilities Act of 1990. This documentation is required as part of Columbia Southern University's procedures governing ADA.

This section is to be completed by the Applicant/Student:

Student Name: _____ Student ID Number: _____

Diagnosing Professional Name: _____

Diagnosing Professional's Title: _____

Diagnosing Professional's Contact Information:

Street Address State Zip code

Telephone Number Fax Number

I hereby authorize _____ to release all pertinent disability related information as noted under the Americans with Disabilities Act of 1990 and/or Section 504 of the Rehabilitation Act of 1973.

Applicant/Student Signature Date