



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 _____
Office: _____

Signature of Present/Past Student

Printed Name of Present/Past Student

LSU ID Number:

Email:

Daytime Telephone Number:

Date: