

**Students with a Disability:  
Permission to Release Documentation**

I will be submitting written documentation from the following professional(s) who has/have the credentials and expertise to diagnose my disability in support of my request for reasonable and appropriate accommodations and authorize release of disability related information (including the written documentation and the Request for Accommodation form) to the Graduate Theological Union, the Students with Disabilities Program at the University of California, Berkeley\* and \_\_\_\_\_  
member institution

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| Name | Address | Telephone | Credentials |
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| Name | Address | Telephone | Credentials |
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I understand that the information released to the Graduate Theological Union, the Students with Disabilities Program (DSP) at the University of California at Berkeley and \_\_\_\_\_ may be shared with employees from the institutions to help assess my eligibility, if appropriate, recommend possible accommodations and coordinate efforts to provide accommodations. I understand that the GTU requires documentation that establishes eligibility prior to receiving accommodations. This release will serve for the duration of my enrollment at \_\_\_\_\_ unless otherwise requested.

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| Name | Signature | Date |
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\* UCB upon request provides assistance to GTU in assessing students' documentation and in determining what accommodations might be appropriate.