



# University of Phoenix®

## STUDENT RELEASE OF ADA FILE INFORMATION

Due to the sensitive nature of the information contained in the ADA file, the process for requesting this information is handled with strict confidentiality by the University's Disability Services Office only. Please complete and sign the following form and return it to your campus disability services advisor.

***I would like to request a copy of the following from my student ADA file:***

- Student Rights and Responsibilities*
- Student Self-Disclosure Statement*
- Student Release of Information*
- Student Disability Information/Verification*
- Medical Documentation*
- Student Accommodation Agreement*
- Student Equipment Agreement*
- Faculty Notification of Disability Services* for course(s): \_\_\_\_\_
- Entire File
- Other (please specify): \_\_\_\_\_

***I would like to receive the requested documentation via (Please select one):***

- Email: \_\_\_\_\_
- Fax: \_\_\_\_\_
- Home Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- In-Person pick-up

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<b>Student Printed Name</b>	<b>IRN</b>
<hr/>	<hr/>
<b>Student Signature</b>	<b>Date</b>
<hr/>	
<b><u>PLEASE RETURN TO: Campus disability services advisor</u></b>	
Name: _____	
Address: _____	
Address Cont.: _____	
City: _____	State: _____ Zip: _____
Phone Number: _____	Fax Number: _____
E-mail Address: _____	