



# Student Accessibility Services (SAS)

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<http://brown.edu/seas>

## Information and Release Form

Undergrad      Grad      Med      School of Professional Studies      Other:

Banner #

Brown ID #

Graduation Sem/Year:

First Name:

Last Name:

Pronouns:

Brown e-mail:

Additional e-mail:

DOB:

Cell phone or local number:

Who referred you to SAS:

Nature of your disability:

Accommodations useful in the past:

Accommodations which may be requested at Brown: (check all that apply)

Academic

Dining

Housing

Transportation

Other:

### Details of accommodations you are seeking:

I will be submitting documentation from the following sources and authorize release of disability-related information to Brown University:

I understand that information about my disability will be released to the staff of Student Accessibility Services (SAS). Information about my accommodations or services may be shared with Brown University faculty or staff for the purpose of coordinating them. I also understand that SAS may require documentation that establishes eligibility prior to determining accommodations or receiving services. This release will serve for the duration of my enrollment at Brown unless otherwise requested.

Student signature

Date