

**Information and Release Form**

Today's Date:

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:

Cell phone or local number:      Who referred you to SEAS:

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 (if you are able to identify them at this point) 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 & Employee Accessibility Services (SEAS) and information about needed accommodations or services may be shared with Brown University officials and employees for the purpose of coordinating them. I also understand that SEAS may require documentation that establishes eligibility prior to receiving services. This release will serve for the duration of my enrollment at Brown unless otherwise requested.

Student signature

Date