



Western International University

Where success is highly individualized.

**Disability Services Office
Release of Information/Verification Form**

The following Western International University Student/Applicant has self disclosed a condition protected under the Americans with Disabilities Act (ADA). This documentation is required as part of University procedures governing ADA.

This section to be completed by Student/Applicant:

Student Name: _____ **Student ID #:** _____

Diagnosing Professional Name: _____

Title: _____

Credentials: _____

Address: _____

City: _____ **State:** _____ **ZIP Code:** _____

Phone (include area code and extension): _____

I hereby authorize the above provider to release all pertinent disability related information as noted under the Americans with Disabilities Act in order to determine reasonable accommodations in the academic environment.

Student/Applicant Signature: _____ **Date:** _____

Disability Services Advisor:

Judy K. Wilson, Disability Services Advisor
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