



## Release of Information to JCU

I, \_\_\_\_\_ request that

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release and send the documentation of my disability, including functional limitations, treatment protocols, and recommended accommodations to:

Lisa M. Meeks, M.A.  
Director, Services for Students with Disabilities  
John Carroll University  
20700 North Park Boulevard  
University Heights, OH 44118

This information will be used to help facilitate access to services while I am enrolled at John Carroll University. Any questions regarding the need for this information can be directed to Ms. Meeks at phone: (216) 397-4967 or fax: (216) 397-1820.

This release will remain in effect for the remainder of my enrollment at John Carroll University, unless revoked in writing by me.

Thank you,

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date