

YESHIVA UNIVERSITY
Office of Disability Services

Beren Campus

215 Lexington Avenue, Room505
New York, NY 10016
(646) 592-4132

Wilf Campus

500 West 185th Street, Suite 412
New York, NY 10033
(646) 592-4280

Release of Information

Student Name: _____
Email: _____

I hereby grant permission to Yeshiva University to obtain and/or release information regarding my disability and accommodation(s) to and/or from the person, facility, or agency listed below:

Name: _____ Phone: _____

Facility: _____

Address: _____

Student Signature

Date