

**Students with a Disability:  
Permission to Release Documentation**

I will be submitting written documentation from the following professional(s) who has/have the credentials and expertise to diagnosis my disability in support of my request for reasonable and appropriate accommodations and authorize release of disability related information (including the written documentation and the Request for Accommodation form) to the Berkeley School of Theology.

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Name	Address	Telephone	Credentials
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I understand that the information released to BST may be shared with employees from the institution to help assess my eligibility, if appropriate, recommend possible accommodations and coordinate efforts to provide accommodations. I understand that the BST requires documentation that establishes eligibility prior to receiving accommodations. This release will serve for the duration of my enrollment unless otherwise requested.

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Name	Signature	Date
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\* UCB upon request provides assistance to GTU in assessing students' documentation and in determining what accommodations might be appropriate.