



Release of Information to Chancellor University

I, _____ request that

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

Coordinator, Student Accessibility Services (SAS)
Chancellor University
3921 Chester Avenue
Cleveland, Ohio 44114

This information will be used to help facilitate access to services while I am enrolled at Chancellor University. Any questions regarding the need for this information can be directed to Dr. Rumenik, Acting SAS Coordinator at phone: (216)432-8975.

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

Thank you,

Student signature

Date