

WESTERN MICHIGAN UNIVERSITY



Disabled Student Resources and Services
Division of Student Affairs

I, _____, give
Student's full name

Name

Office

Address

City, State, Zip

Phone

Fax

permission to release a copy of any documentation and/or discuss my disability with:

Beth denHartigh / Dorothy Fancher

Disabled Student Services and Resources
Western Michigan University
1903 W. Michigan Ave. Mailstop # 5277
Kalamazoo MI 49008-5277

Phone: (269) 387-2116

Fax: (269) 387-0633

Signature

Student ID number

Date