



I give permission to release my disability documentation to Peru State College.

Student's printed name: _____

ID# or Social Security Number: _____

Student's signature _____ Date: _____

Student's date of birth: _____

Witness: _____ Date: _____

Please send all records and documentation regarding this student's learning or physical disability to Peru State College. The documentation will be stored in a secure, confidential file at the Academic Resource Center. This information will be required if the student needs special accommodations. The student has signed above for release of the information. Any questions may be directed to me at 402-872-2440. Please forward the material to me by fax at 402-872-2201, or by mail to the following address:

Attn: Marie Meland
Peru State College
P.O. Box 10
Peru, NE 68421

Thank you.
Marie J. Meland
ADA Compliance Officer

CC: File