



FRIENDS
UNIVERSITY

2100 W. University St. • Wichita, Kansas 67213

**Cross Cultural Programs & Services Office, Student Affairs
ADA Student Services**

DISABILITY DISCLOSURE RELEASE

I hereby authorize Friends University, its agents, employees, and assignee, to release or disseminate any information provided to it regarding my disability or medical condition including, but not limited to, any information provided to Friends University in the form of medical records or correspondence.

Student's Signature

Date

Student's Name (please print)

ID#