

YESHIVA UNIVERSITY
Office of Disability Services

Beren Campus

215 Lexington Avenue, Room 505
New York, NY 10016
(646) 592-4132

Wilf Campus

500 West 185th Street, Suite 412
New York, NY 10033
(646) 592-4280

Release of Information

Student Name: _____

Email: _____

I hereby grant permission to the Office of Disability Services to release information to the following person(s) and/or organization(s) for the purpose of providing educational accommodations to the student named above. I understand that this information is confidential and may be used for other purposes without my consent. I understand that I may revoke this permission at any time by notifying the Office of Disability Services in writing.