Andrews University Student Success Center Disabilities Services Coordinator 4141 Administration Drive, Nethery Hall 214 Berrien Springs, MI 49104-0080 269-471-3227 Fax 269-471-8407

disabilities@andrews.edu

RECORD RELEASE REQUEST FORM

STUDE	ENT NAME:		
DATE	OF BIRTH:/		
ID:		DATE OF REQUEST:	
STUDE	ENT ADDRESS:		
Specia	l Instructions:		
Please	e indicate which part or parts of your a	ccommodation records you are request	ing:
0	Entire Record		
0	Only records between the dates:		
0	Other (Please be specific)	to	
		·	
Student Signature		Date:	
Processed By:		Date:	