

Dean College
The Office of Accessibility Services

99 Main Street Franklin, MA 02038-1994

Tel. (508) 541-1768 Fax (508) 541-1829

Disability Documentation Transfer/Release Form

I, _____
(Student's Name)

authorize the Office of Accessibility Services at Dean College to release my disability documentation to:

(Name of transfer institution, college, university)

(Name of DSS Coordinator at receiving school)

(Address)

(City, State, Zip)

_____ Date _____
(Student's Signature)

For office use only:

Date submitted: _____ **Date sent:** _____

Sent via: ___ Fax ___ Mail ___ Electronic

Comments: _____