



**SPECIAL NEEDS ACCESS  
RELEASE OF INFORMATION**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Student ID: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_ I understand that the Special Needs Access Office has the right to share information, on an as  
Initials needed basis, with my instructors and other personnel at MBU.

<b>I AUTHORIZE THE SPECIAL NEEDS ACCESS OFFICE OF MISSOURI BAPTIST UNIVERSITY TO:</b>	
_____	Create <i>VISA</i> in order to obtain accommodations in my classes.
<i>Initials</i>	

<b>I AUTHORIZE THE SPECIAL NEEDS ACCESS OFFICE OF MISSOUR BAPTIST UNIVERSITY TO DISCUSS MY ACCOMMODATION NEEDS AND/OR ACADEMIC PROGRESS AS THEY RELATE TO COLLEGE PROGRAMS WITH THE FOLLOWING:</b>	
_____ MBU Faculty and Staff	_____ Rehabilitation Services for the Blind Counselor
<i>Initials</i>	<i>Initials</i>
_____ Family Members	_____ St. Louis Regional Center
<i>Initials</i> Name: _____	<i>Initials</i>
Relationship: _____	_____ Veterans Administration
_____ Vocational Rehabilitation Counselor	_____ Other
<i>Initials</i>	<i>Initials</i>

I understand that all information will be held in strict confidence.  
I understand that I am entitled to a copy of this authorization.  
This *Release of Information Form* will remain in effect every semester I am enrolled at Missouri Baptist University. I understand that I may revoke this release in writing at any time.

Signature of Student: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

Date: \_\_\_\_\_