



# DAKOTA WESLEYAN UNIVERSITY

1200 W. University Ave., Mitchell, SD 57301 • www.dwu.edu

## Disability Services Release Form

I, \_\_\_\_\_, give DWU's ADA Disability Services Coordinator, Donna Dunn, permission to receive and exchange information with appropriate university personnel, my parents, my doctor, my high school counselor(s), and/or other persons of any other medical entity or other agency which has information relevant to my present condition for the purpose of furthering my academic progress. This release is effective on date of signature and remains in effect throughout my attendance at Dakota Wesleyan University unless otherwise noted.

Notes (if applicable):

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Student Signature

Date

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Disability Services Coordinator Signature

Date

*Learning, leadership, faith, and service.*