



MISSOURI BAPTIST UNIVERSITY
Special Needs Access Office
One College Park Drive
St. Louis, MO 63141

DISABILITIES DOCUMENTATION RELEASE FORM

Student's Name: _____

Date of Birth: _____

I hereby give permission to release my disabilities documentation from:

Name of Agency/Institution/Physician: _____

Address: _____

Phone: _____ Fax: _____

I hereby give permission to release:

1. Current diagnosis of disability from qualified professional (Diagnostic Summary Statement)
2. Communicate orally and/or in writing with the Special Needs Access Coordinator
3. Current documentation including:
 - Results from all assessments that were used to diagnose disability (i.e. psychological, audiological, psychoeducational/neuropsychological, vision and physical evaluations. Please enclose a copy of all test protocols.)
 - Information to help us determine appropriate accommodations in an educational setting.
 - IEP
 - Vocational Assessment Report
 - Assistive Technology Evaluation and Recommendations

Please Fax these records to: Special Needs Access Coordinator
Missouri Baptist University
One College Park Drive
St. Louis, MO 63141

specialneeds@mobap.edu

Phone (314)392-2364

Fax (314)744-7674

Student's Signature: _____ Date: _____