



MARYMOUNT MANHATTAN COLLEGE  
OFFICE OF ACADEMIC ACCESS AND DISABILITY SERVICES  
221 EAST 71<sup>ST</sup> STREET  
NEW YORK, NY 10021  
212-772-0724

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**Release of Academic and Disability-Related Information**

Student's Name \_\_\_\_\_

Student ID Number or SS # \_\_\_\_\_

I hereby grant Marymount Manhattan College to release any of my student information to the following person(s):

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Name Relationship

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Name Relationship

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Name Relationship

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Name Relationship

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Student's Signature Date

I hereby give the Director of the Office of Academic Access and Disability Services permission to contact appropriate Marymount Manhattan College staff members and/or each of my professors—every semester—regarding my need for accommodations, such as extended time for test-taking, use of a note taker, separate room for test-taking, and/or use of calculator in math courses, etc.

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Student's Signature Date