

PINE MANOR COLLEGE

Disability Services Registration and Disclosure Form

Student Name:

<i>Today's Date</i>		<i>Graduation Date:</i>	
<i>Email:</i>			
<i>Cell Phone Number:</i>			

I give my consent to the Disability Specialist to release my disability-related information to any Pine Manor College faculty or staff member who may be involved in my accommodations, except those specified below:

Signature:

Date: