



Release of Information to Disability Support Services

I hereby authorize _____ to:

Release to Disability Support Services at Montana State University Billings the information specified below:

1. Diagnosis of individual's condition.
2. Documentation of individual's condition.
3. Recommendation for academic accommodations.

Name _____
(Last) (First) (Middle)

Email address _____

Telephone (home) _____ (work/cell) _____

Signature _____ Date _____

Return to

MSU Billings
Disability Support Services
College of Education, Room 135
1500 University Drive
Billings, MT 59101

Contact

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MSUB (406) 657-2283
City College (406) 247-3029
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