Release of Information

Please allow 3-5 business days for the DRC to complete this request

Date: ________________________________

Printed Full Name: ________________________________

NU ID# ________________________________

Graduation Year: ________________________________

Phone #: ________________________________

NU Email Address: ________________________________

I am requesting the following information:

☐ Diagnostic evaluation
☐ Verification of accommodations/services used through DRC
☐ Other___________________________________________

By signing this request form:

• I authorize the DRC to release a copy of the requested materials to me.
• I understand that any communication about this request will be emailed to my NU email per University policy. (Alumni should provide a current, secure email address.)
• I agree to pick-up these materials at the DRC, unless I have listed special delivery instructions below. *

Student signature: ________________________________ Date: ________________________________

*Special Delivery Instructions: