

RADFORD UNIVERSITY

Disability Resource Office

P.O. Box 6902
Radford, VA 24142
dro@radford.edu

Phone: 540.831.6350

Video Phone: 540.922.1176

Fax: 540.831.6525

Request for Release of Records to a Third Party or for Personal Use

Student Name: _____

Student ID#: _____ Cell phone #: _____

Email Address: _____

** Fax and mail are more secure ways of sending confidential records than e-mail **

I authorize the Disability Resource Office to release information to:

➤ **Name/School/Entity:** _____

Fax number: _____

Scan and email to: _____

Mail to: _____

➤ **To keep for my personal records:**

Fax number: _____

Scan and email to: _____

Mail to: _____

Pick up hard copy in Disability Resource Office

Please mark the following items you are requesting:

Verification letter on DRO letterhead of registration and accommodations

Other: _____

**Allow 10 business days for DRO Staff to fulfill the request.
Student Files are purged 5 years after the last date of service.**

Student Signature: _____

Date: _____