



Office of Disability Services

RELEASE FORM

STUDENT-TO-STUDENT

I, _____ (print name), a student registered with
the Office of Disability Services (FIT-ABLE), give that office permission for the
following:

_____ to give my **name/email/phone #** to a prospective student
with a similar disability

_____ to give my **name/email/phone#** to a current FIT student with a
a similar disability

signature

date