



**Accommodation Release Form**

You have been approved for accommodation(s) by Boston University's Disability & Access Services. In order to receive these accommodations, please provide the following information about the courses for which you wish to receive services. **NOTE THIS FORM MUST BE COMPLETED EACH SEMESTER TO RECEIVE SERVICES.**

1) Name \_\_\_\_\_ GMS Program \_\_\_\_\_

Program Director \_\_\_\_\_

Program Director's Email Address \_\_\_\_\_

**2) Course Information**

Course Number	Course Director Name	Course Director Email Address

I give permission to disclose my accommodation(s) to the above individuals.

\_\_\_\_\_  
Student

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Once you receive the notification email that is sent to the course directors listed above, it is advised that you follow up with your professors at your earliest convenience to remind them of the accommodations, so as to ensure ample time to make the necessary arrangements for your approved services.

***Please submit this form to the GMS Disability Liaison via email ([tdavies@bu.edu](mailto:tdavies@bu.edu)) or in the GMS Office L-317. Direct any questions to Dr. Davies ([tdavies@bu.edu](mailto:tdavies@bu.edu) or 617-358-9546).***