

## Exceptions to Academic Policy

### Release Form

I understand that information from disability-related documentation contained in my confidential file will be discussed as part of the process of submitting a petition request to the Exceptions to Academic Policy for Students with Disabilities. I understand that the results of the Committee's decision will be shared with my academic advisor and the Registrar's Office. Further, I acknowledge that approval of the petition for an exception to academic policy may impact my choice of major, and/or future academic opportunities.

Student's Name: \_\_\_\_\_

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_