

**University of North Carolina School of the Arts**  
Learning Resources

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## RELEASE OF INFORMATION

I \_\_\_\_\_ authorize the staff of Learning Resources at the University of North Carolina School of the Arts to communicate with the following individual/office \_\_\_\_\_ on my behalf regarding my disability.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name