Labouré
COLLEGE OF HEALTHCARE

Labouré Access & Accommodations Office

Release of Information

Dear (Clinician Name): ____:

I am requesting services from the Labouré Access & Accommodations Office. In order to receive services, the Office requires documentation of my disability. Services are solely based on diagnostic documentation. Once this information is in place, it will be used to provide accommodations to me.

I hereby authorize you to complete the enclosed Disclosure Form and release it to the Office.

I also authorize you to speak with the Coordinator of Labouré Access and Accommodations in consultation to provide future services.

Please submit the completed form to:

Office of Labouré Access and Accommodations
Labouré College of Healthcare
303 Adams Street
Milton, MA 02186
Fax: 617-296-7947

You may contact this office with any questions (phone: 617-322-3579) or email: Access@laboure.edu.

Thank you for your timely assistance with this matter.

Sincerely,

Student Signature: ____ Date: __________________________

Print Name: ____