

**Dean College**  
**Disability Support Services Office**

99 Main Street Franklin, MA 02038-1994

Tel. (508) 541-1768 Fax (508) 541-1829

**Disability Documentation Transfer/Release Form**

I, \_\_\_\_\_  
(Student's Name)

authorize the Dean College Disability Support Services Office at Dean College to release my disability documentation to:

\_\_\_\_\_  
(Name of transfer institution, college, university)

\_\_\_\_\_  
(Name of DSS Coordinator at receiving school)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_ Date \_\_\_\_\_  
(Student's Signature)

\*\*\*\*\*

**For office use only:**

**Date submitted:** \_\_\_\_\_ **Date sent:** \_\_\_\_\_

**Sent via:** \_\_\_ Fax \_\_\_ Mail \_\_\_ Electronic

**Comments:** \_\_\_\_\_