



Release of Information

Please allow 3-5 business days for the DRC to complete this request

Date: _____

Printed Full Name: _____

NU ID# _____

Graduation Year: _____

Phone #: _____

NU Email Address: _____

@northeastern.edu

I am requesting the following information:

- Diagnostic evaluation
- Verification of accommodations/services used through DRC
- Other _____

By signing this request form:

- I authorize the DRC to release a copy of the requested materials to me.
- I understand that any communication about this request will be emailed to my NU email per University policy. *(Alumni should provide a current, secure email address.)*
- I agree to pick-up these materials at the DRC, unless I have listed special delivery instructions below. *

Student signature: _____ **Date:** _____