

**RELEASE OF WILLIAM PATERSON UNIVERSITY**

**OFFICE OF DISABILITY SERVICES DOCUMENTATION**

Please complete this form is you are requesting your Office of Disability Services documentation from William Paterson University.

Please note, all documentation must be **mailed** directly to the individual.

**Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City, State and Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Identification Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\***(Beginning with 855)

**Last Four Digits of Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\***(Please provide if your Student Identification Number is unknown)

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please complete the form and return to [disability2@wpunj.edu](mailto:disability2@wpunj.edu) to request your documentation. Please be advised, the requests are processed within one business week of receiving the request.

**\*\*Please note, by law our office maintains records for a limited number of years and not all records may be available.\*\***