

**RELEASE FORM**  
**STUDENT-TO-STUDENT**

I, \_\_\_\_\_ (print name), a student registered with the Office of Disability Services (FIT-ABLE), give that office permission for the following:

\_\_\_\_\_ to give my **name/email/phone #** to a prospective student with a similar disability

\_\_\_\_\_ to give my **name/email/phone#** to a current FIT student with a similar disability

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signature

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date