



Cleveland State University

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Office of Disability Services

I, _____ permit Cleveland State University, Office of Disability Services, to release information regarding my eligibility status (including registration with ODS and GPA) and contact information to the officers of the CSU chapter of Delta Alpha Pi and to Delta Alpha Pi International as required to verify my eligibility for membership.

This release is valid for the remainder of my enrollment at Cleveland State University unless revoked in writing.

Thank you,

Student signature

Student ID

Date