



**WILLIAM  
PATERSON  
UNIVERSITY**

ACCESSIBILITY RESOURCE CENTER • SPEERT HALL 134  
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**RELEASE OF WILLIAM PATERSON UNIVERSITY  
ACCESSIBILITY RESOURCE CENTER DOCUMENTATION**

Please complete this form if you are requesting your Accessibility Resource Center documentation from William Paterson University.

**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 [ARC@wpunj.edu](mailto:ARC@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.\*\***