

NIAGARA COUNTY COMMUNITY COLLEGE
ACCESSIBILITY SERVICES
RELEASE/REQUEST FOR INFORMATION AUTHORIZATION FORM



I, _____ born on this date _____
(Print Student Name) (Include date, month, year)

in the state of _____ in the country of _____

hereby authorize:

(Name and Address)

To release to the following Niagara County Community College staff:

Accessibility Services Staff
Niagara County Community College
3111 Saunders Settlement Road, Sanborn, NY 14132
Phone: 716-614-6728
Fax: 716-614-6819
Email: accessibility@niagaracc.suny.edu

The following information: (check all that apply)

Neuropsychological or psycho-educational report IEP/540 Plan
 Letters/reports from clinicians Complete file
 Other: _____

I authorize this information to be shared via: (check all that apply)

Telephone conversation E-mail
 Face-to-face conferences in my presence Letter/memo
 Face-to-face conversations without my presence

The purpose and need for this disclosure is: (check all that apply)

To determine eligibility for services under ADA
 To address classroom/studio/lab issues in ways that might allow faculty/staff member to better assist me with my educational/needs and/or academic adjustments
 Other—please describe: _____

I understand that this consent to disclosure may be revoked by me at any time in writing, except to the extent that action has already been taken. This consent expires on:

(Specify date, event, or condition upon which it expires)

Signature of Student

Date

Signature of AS Staff

(This form meets the requirements of Federal regulation 42CFR, Part 2).