

Office of Disability Resources
D-101
Phone: 989-686-9794
Fax: 989-667-2202
E-mail: disabilityresources@delta.edu

Delta College Request for Records/Release of Information

The purpose of this request for information is to determine my eligibility for reasonable and appropriate accommodations at Delta College.

I, _____ Birth date: _____

hereby authorize Delta College Disability Resources to
_____ release / exchange information with:
_____ request information from:

Name / Agency _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

I understand that any copying/ mailing costs associated with obtaining necessary third-party documentation are my responsibility, and will not be paid by Delta College or its representatives.

Specific type of information requested:

- | | |
|--|---|
| <input type="checkbox"/> All Information | <input type="checkbox"/> Medication / Aids / Recommendations |
| <input type="checkbox"/> Accommodations Using / Requested | <input type="checkbox"/> IEP and Psycho-Educational Evaluation
including aptitude and achievement scores |
| <input type="checkbox"/> Diagnosis of Disability / Condition | |
| <input type="checkbox"/> Functional Limitations | |
| <input type="checkbox"/> Other: _____ | |

The professional findings and proper documentation must, at the minimum, be provided on formal letterhead, in letter form, and signed by the professional, who is qualified to determine specific diagnosis.

This document has been explained to me and I understand the contents. I understand that this consent may be revoked by me, in writing, at any time. It is valid only for the time reasonably necessary to accomplish its purpose.

I further understand that all records, and subsequent communications, obtained by Delta College on my behalf, will be treated confidentially, and maintained separately from academic records.

By signing this form I am agreeing to the information being released to Delta College for use in helping me plan my educational program, and secure appropriate resources and reasonable accommodations. Additionally I grant permission for communication between Evaluator and Delta College regarding information related to diagnostic assessments, evaluations, and for recommendations.

Student's Signature: _____ Date: _____

College Representative: _____ Date: _____