

APPENDIX B: Sample Form for Release of School Records

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, born on _____, hereby authorize
(Student's Name- please print) (Date of Birth)

Name: _____

School: _____

Address: _____

City: _____ State _____ Zip Code _____

to release a copy of my most recent:

Psychological Evaluation (including test scores)
Individual Education Plan
Summary of Performance
Medical information (when appropriate)

To:
Office of Disability Services
Parkland College
2400 W. Bradley Avenue, X148
Champaign, IL 61821
(217) 353-2338 phone; (217) 353-2305 fax

For the purpose of determining eligibility for academic accommodations based on a disability which substantially limits one or more major life activities.

(Student's Signature if over 18)

(ODS Staff Member's Signature)

(Parent or Guardian's Signature if under 18)

(Date)

(Date)

This release is valid for one year and may be revoked in writing at any time at the address above.