

The following information is needed to document my disability or disabilities and to determine the possible and appropriate academic accommodations for me as a student at Butler County Community College:

- **Release for High School Special Education Records-** sign and take to your school

12<sup>th</sup> grade IEPS and most recent ER/RR, and/or Chapter 15 (Section 504) plan agreement, or other records as appropriate.

- **Release for Medical, Health, or Psychological Records-** sign and take to your doctor(s)

Statement on letterhead verifying diagnosis/diagnoses (DSM and/or ICD); listing current functional limitations to consequent to diagnosis/diagnoses and manifestations thereof; briefly outlining treatment plan; and recommending any academic accommodations/supports consistent with the diagnosis/diagnoses, with the functional limitations and manifestations, and with the treatment plan.

#### STUDENT REQUEST FOR RELEASE OF CONFIDENTIAL INFORMATION

I, \_\_\_\_\_, give the following individual(s) or agency:

\_\_\_\_\_  
\_\_\_\_\_

Permission to release to:

**Jenn Loue, Coordinator of Access & Disability Resources**

**(724)287-8711 Ext. 8327/ Email: [jennifer.loue@bc3.edu](mailto:jennifer.loue@bc3.edu)**

**Butler County Community College, PO Box 1203 Butler, PA 16003**

**FAX: (724)287-0092**

I certify that I have read the foregoing statement and fully understand that in making this request of disclosure of medical, educational, psychological or neuro-psychological information and other factual data concerning me, I am waiving the protection and safeguards accorded to me by the Federal and State confidentiality requirements. I also acknowledge receiving a copy of this release form.

Date \_\_\_\_\_

Signature: \_\_\_\_\_

Last 4 of Social Security Number: \_XXX-XX-\_\_\_\_\_

Revised 12/2018