Release of Information Form
Office of Disability Services

PART A

Name _____ Age _____ Start Date (FL/ WN / SP) _____
Print name

Email _____ ID#_____

Contact Work _____ Home _____ Cell _____

I give permission to the 504 Coordinator to release confidential information about my disability, attendance or disciplinary situations to my family, professors and to necessary departments within the institution. Information will only be provided as it relates to my academic performance and equal opportunity at Monroe College. This release of information also allows all individuals who are contacted by the Office of Disability Service for information, or who receive confidential information about me at Monroe College to freely communicate with the Office of Disability Services at Monroe College. This release also covers the communication with the appropriate professionals described in **PART C** and any external agencies as it relates to the coordination of services for me at Monroe College.

PART B

In case of a building emergency evacuation, I will require help in exiting the premises to a safe area.
Please circle one Yes No

Please circle / fill in any that apply to you.

1) Visually Impaired 2) Learning Disabled _____

3) Hearing Impaired 4) Other _____

PART C – Obtain a Professional Letter of Authentication Learning Disabled students can submit a High School Individual Educational Plan (IEP) on letterhead paper or other appropriate professional documentation by a qualified licensed practitioner. An IEP does not specifically satisfy all requirements of the student to document the need for reasonable accommodation. The college reserves the right to obtain or require additional information as may be required to document specific need. All other submissions are to be completed on letterhead paper by a physician, neuropsycholigist, psychologist, audiologist or psychiatrist. The letter must certify and provide detailed documentation of how this individual's disability includes functional limitations as they relate to college level courses of study. The authentication letter will also require the signature, phone of the appropriate professional, and clear recommendations for services / accommodations to improve the student's performance.

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Student Signature or if under 18 of Parent / Legal Guardian Date

_____

Signature 504 Coordinator Date