Consent for Release of Information Form

Please return the completed form with signature to:

Charter Oak State College, Office of Accessibility Services, 55 Paul J. Manafort Drive, New Britain, CT 06053-2150

Email: OAS@charteroak.edu Fax: (860) 760-6529 Phone: (860) 515-3846

Name of Student: _____

Student ID #: _____

Date of Birth: _____

Release of Medical or Disability Records

I, the undersigned, consent to and request all appropriate persons and/or agencies or institutions to release information regarding myself to Charter Oak State College for use in education planning. All information will be kept confidential and maintained as part of my records with the Office of Accessibility Services. I authorize the release of information to include one or more of the following records:

- ☐ Medical Reports
- ☐ Learning Disability Assessment Reports
- ☐ Psychiatric Evaluation Results
- ☐ Vocational Rehabilitation Plan
- ☐ Audiology and Speech/Language Pathology Reports
- ☐ Other _____

Release of Information to School Personnel

I authorize Joanne Prague Doyle, Accessibility Specialist, to release information pertinent to academic accommodations to my instructor(s) at Charter Oak State College or to a testing company such as ETS if I request accommodations for standardized testing.

I authorize Joanne Prague Doyle, Accessibility Specialist, to seek further information from my documentation provider to further clarify requested accommodations.

Information to be discussed/released:

- ☐ Approved accommodations
- ☐ Health/disability information
- ☐ Health/disability related impacts on an academic setting

Signature Required

By signing below, I consent to the release of the personally identifiable student information specified above to the individuals listed above.

I understand that there is no expiration date for this authorization to release information, and that I may revoke it in writing at any time.

_____	_____
Signature of Student	Date of Signature
_____	_____
Signature of Parent/Guardian (if under 18 years of age)	Date of Signature