



ACCESSIBILITY SERVICES OFFICE
RELEASE OF INFORMATION

In connection with my request for special educational support services at Northwest State Community College, I understand that documentation from certified professionals is necessary. Certified professionals include doctors of medicine, doctors of osteopathy, ophthalmologists, therapists, professional hospital staff, professionals from other educational institutions, and professionals at public or private agencies. Documentation reports will include information as to the verification of specific disabilities and recommendations for accommodating my educational needs.

I authorize, without reservation, any party or agency contacted by Northwest State Community College personnel to provide the documentation mentioned above.

Date _____

Full Name (please print): _____

SS # _____ Date of birth _____

(SS # and Date of birth are requested in order to ensure accurate retrieval of records.)

Signature _____

*This completed form should be returned to Dave Donaldson, Accessibility Services Coordinator, in office **A105B**, or to Cherie Rix in office **A105A**. Our fax number is **419-267-5745**. Any questions regarding this form should be directed to Dave Donaldson at **419-267-1265** or **ddonaldson@northweststate.edu***