



Release of Disability Information

I, \_\_\_\_\_, authorize **Andrea Hojnacki, Disabilities Specialist or Linda Larkin, Director of Academic Services** to release information pertinent to accommodations requested contained in my disability documentation 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 Andrea Hojnacki, Disabilities Specialist, or Linda Larkin, Director of Academic Services to seek further information from my documentation provider to further clarify requested accommodations.

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

This consent shall remain in effect through (choose one):

- Entire duration of enrollment with Charter Oak State College
 Academic Year (specify): \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Student ID # \_\_\_\_\_

Disability Specialist \_\_\_\_\_ Date \_\_\_\_\_