



## 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](mailto: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 the Accessibility Specialist, Wanda Warshauer, Director of Academic Services, or Shirley Adams, Provost, 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 and to seek further information from my documentation provider to further clarify requested accommodations as needed.

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.

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Signature of Student

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Date of Signature

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

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Date of Signature