



Office of Disability Services, Cayuga Community College

I, _____, am requesting and authorizing **Office of Disability**
STUDENT'S NAME

Service, Cayuga Community College to release all pertinent data (generated while I was a student at Cayuga Community College) that will aid in planning accommodations and recommendations to meet my educational needs. I understand that this information is privileged and confidential and will be used only to guide my educational and vocational planning.

Please send this information to:
(Name and address of institution receiving the requested information)

Thank you for your attention to this matter.

Signed

Witnessed

Date