



Documentation Release Form

PLEASE SUBMIT THIS SIGNED FORM TO THE APPROPRIATE HIGH SCHOOL/SCHOOL DISTRICT, COLLEGE, MEDICAL, AND/OR MENTAL HEALTH PROVIDER'S OFFICE

STUDENT: Please **DO NOT** return this form to Cayuga Community College.

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To: _____ Date: _____
(Name of school or provider)

I am requesting and authorizing you to release all relevant documentation, **in typed form**, that will aid disability services personnel in planning accommodations and services to meet my educational needs. Please send any documentation and assessments related to my disability, which may include:

- Individualized Education Program (IEP) **and** most recent psycho-educational report
- Section 504 Plan
- Mental health evaluations
- Medical documentation, etc.

This information will be kept strictly confidential.

Please release this information via **email** or **mail** to the campus the student will be attending:

Auburn Campus
Office of Accessibility Resources
Cayuga Community College
197 Franklin Street
Auburn, New York 13021
access@cayuga-cc.edu
(Fax: 315-294-8594, if necessary)

Fulton Campus
Office of Accessibility Resources
Cayuga Community College
11 River Glen Drive
Fulton, New York 13069
access@cayuga-cc.edu
(Fax: 315-294-8594, if necessary)

Thank you,

Student's Signature

Date

Student's Name (Please Print)

Date of Birth

Parent's Signature (If required)

Date