



Documentation Release Form

PLEASE SUBMIT THIS SIGNED FORM TO THE APPROPRIATE HIGH SCHOOL/SCHOOL DISTRICT, COLLEGE, MEDICAL, AND/OR PSYCHOLOGIST'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, **in typed form**, all relevant documentation 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 to:

**Mail: Office of Accessibility Resources
Cayuga Community College
11 River Glen Drive
Fulton, NY 13069
ATTN: Karen Grella, Ph.D.**

**Fax: 315-593-0769
Email: karen.grella@cayuga-cc.edu**

Thank you.

Student's Signature

Date

Student's Name (Please Print)

Date of Birth

Parent's Signature (If required)

Date