

**Cowley College Disability Services Program**  
**Request for Release of Documentation/Information**

I, \_\_\_\_\_

(Please print student name)

Give my permission to release information and/or documentation to:

**Mark A. Richardson, Disability Services Coordinator**  
**Cowley College**  
**125 S. 2<sup>nd</sup>**  
**Arkansas City, Kansas 67005**  
**Phone: 620-441-5557 FAX: 620-441-5351**

This information will be used for the purpose of obtaining support services from the disability services office and to establish a plan for my education at Cowley College.  
Specific information requested:

- Current psychological evaluation
- Current individualized education Plan (I.E.P.) or Summary of Performance
- Current medical/psychiatric documentation on letterhead with treating professions signature and credentials
- Current 504 plan

The specific documentation and/or information is requested from:

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(Name of individual/agency/school)	(FAX Number)
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(Street Address)	(City)	(State)	(Zip Code)
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I understand this information will be used for the purpose of establishing an educational plan in order to obtain support services and/or appropriate accommodations based on the information provided.

I further understand the documentation and/or any test results may be discussed with those individuals deemed necessary by the Disability Services Coordinator (D.S.C.)

_____ (Signature of student)	_____ (Student ID Number)	_____ (Date)
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_____ (Signature of parent/guardian if under 18)	_____ (Signature D.S.C.)	_____ (Date)
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