

**Cowley College Student Accessibility Services Program**

**Request for Release of Documentation/Information**

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

(Please print student name)

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

***Dawn Simpson, Student Accessibility Coordinator  
Cowley College  
125 S. 2<sup>nd</sup>  
Arkansas City, Kansas 67005  
Phone: 620-441-5557 FAX: 620-441-5559***

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
- Permission to discuss case
- Most recent comprehensive 3yr reevaluation

The specific documentation and/or information is requested from:

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(Name of individual/agency/school)

(Number)

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(Street Address)

(City)

(State)

(Zip Code)

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 Student Accessibility Coordinator.

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(Signature of student)

(Student ID Number)

(Date)

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(Signature of parent/guardian if under 18)Signature of Student Access Coord)

(Date)