

Delta College Request for Records/Release of Information

I, _____, _____,
Student Name Student # Date of Birth

authorize _____

or its director, designee, or records department to release information contained in my records to:

Delta College
Disability Services D-102
1961 Delta Road
University Center, MI 48710

Phone: (989) 686-9330
Fax: (989) 667-2228
Email: disabilityservices@delta.edu
Director – Mike Cooper

The purpose of this request for information is to determine my eligibility for academic accommodations, development of instructional strategies, and determination of the need for any possible aids/assistive technology, etc.

Specific type of information requested:

- _____ Medical documentation of disability, including functional limitations and recommended accommodations on professional letterhead
- _____ High School IEP/Transition Plan (most recent)
- _____ Psychological evaluation and documentation of disability, including functional limitations and recommended accommodations
- _____ Copy of vocational rehabilitation plan/vocational evaluation results, including functional limitations and recommended accommodations

I understand that this consent may be revoked at any time. It shall be valid no longer than is reasonably necessary to accomplish the purpose for which it was given. I further understand that all records obtained by Delta College will be treated confidentially. By signing this release form, I am agreeing to the information being released to Delta College, to be used by counselors and advisors in helping me to plan my educational program and secure appropriate academic accommodations.

Student Signature: _____ Date: _____