



Student Consent to Release Documentation from DSS File

I, _____, hereby request and authorize Southwestern College Disability Support Services to release specific information (indicated below) from my record which bears on my medical/health condition and/or educational development to the following party or to my SWC student email address:

Name of Person/Organization _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Release to self, the below listed student

Specific documents authorized for release:

DSS Documentation

- SWC Learning Disability Assessment
- Academic Accommodation Letter
- Academic Accommodation Plan
- Student Educational Contract
- Other

Third-Party Documentation (Released to student only)

- Vocational Rehabilitation Plan
- Audiology or speech/lang. report
- K-12 Educational records (ie. IEP, 504)
- Psychological Testing/Eval Results
- Verification of disability
- Medical verification
- VA Reports/Records
- Other Institutional LD Assessment

Per FERPA (Family Educational Rights and Privacy Act of 1974) regulations the institution has a period of up to 45 days to produce copies of a student educational record. DSS, with good faith effort, will have copies of specific records ready for mailing, student pickup, email or fax within five working days from the received date on this request. Requests received by email, mail or fax MUST include a copy of your valid photo ID (driver's license, state ID, school ID).

I authorize release of the information indicated above from my student file.

I have included a copy of my valid photo ID (driver's license, state ID, school ID) with this request.

Student Signature _____ Date: _____

Printed Name: _____ SWC ID #: _____

SWC Student Email Address _____

Office Use Only: Date Received _____

