



Office of Accessibility
Auburn Career Center
8140 Auburn Rd.
Concord Twp., OH 44077
Phone: 440-357-7542
Fax: 440-358-8012
www.auburncc.org

Request for Release of Information

Personal Information (Please print clearly)

Name _____ Date _____
Address _____ City _____ State _____ Zip _____
Phone _____ Date of Birth _____

CONSENT FOR RELEASE OF INFORMATION BETWEEN PARTIES INDICATED BELOW

I understand the reasons for this referral. For purpose of planning and providing quality services, I hereby authorize the exchange of information between the Office of Accessibility and following:
(Fill in and/or check all that apply)

- Counseling Center
- BVR/BVSI
- Instructor _____
- Educational Institute _____
- Parent(s)/Legal Guardian _____
- Other _____

I hereby authorize (name, if applicable) _____
To release: _____

PURPOSE FOR WHICH THE INFORMATION WILL BE USED:

To assist in determination of reasonable accommodations at Auburn Career Center

- I understand that I may revoke this authorization by written request at any time to the address at the top of this form. I understand that the revocation will not apply to information that has already been released in response to this authorization.
- I understand my services by the Office of Accessibility will not be affected by my signing or not signing this authorization.
- I accept responsibility for any use that may be made of the information as a result of this authorization and understand that I may revoke it in writing at any time.
- I understand that I am entitled to a copy of this form.
- I understand that this authorization automatically expires one year from the date indicated.
- I understand that if I do not authorize the Office of Accessibility to obtain the information requested in this release, the Office of Accessibility may be unable to provide the services that I am requesting.

Records related to disability are maintained and disclosed according to the guidelines of the Family Educational Rights and Privacy Act (FERPA).

The Office of Accessibility maintains records of a student's disability according to the guidelines of the Family Educational Rights and Privacy Act (FERPA). These records are maintained in the Office of Accessibility, separately from the student's academic records, which are maintained elsewhere in the institution. Records received by the Office of Accessibility that appear to contain information unrelated to the determination and provision of academic accommodations, auxiliary aids and services will be returned to the provider. Information retained by the Office of Accessibility will be only that which is determined to be related to the disability and provision of academic accommodations.

I voluntarily consent to the release of information described above, and release the Office of Accessibility from responsibility for any misuse of the information by the recipients. This authorization automatically expires one year from the date indicated below.

RELEASE AUTHORIZED BY:

WITNESSED BY:

STUDENT SIGNATURE

WITNESS SIGNATURE

DATE

DATE