

Release for High School Special Education Records—**sign and take to your school**

STUDENT REQUEST FOR RELEASE OF CONFIDENTIAL INFORMATION

I, _____, give the following individual(s) or agency:

Permission to release to:

____ **Greg Mason**
Disabilities Coordinator
/Academic Counselor
(724) 287-8711 Ext. 8327
E-Mail: greg.mason@bc3.edu

____ **Jennifer Loue**
Assistant Disabilities Coordinator
LindenPointe & Lawrence Crossing Sites
(724) 287-8711 Ext. 8342
E-Mail: Jennifer.loue@bc3.edu

Butler County Community College
PO Box 1203
Butler, PA 16003
FAX: (724) 287-0092

the following information needed to document my disability or disabilities and to determine the possible and appropriate academic accommodations for me as a student at Butler County Community College:

12th grade IEPS and most recent ER/RR

and/or Chapter 15 (Section 504) plan agreement

or other records as appropriate

I certify that I have read the foregoing statement and fully understand that in making this request for disclosure of medical, educational, psychological or neuro-psychological information and other factual data concerning me, I am waiving the protection and safeguards accorded to me by the Federal and State confidentiality requirements. I also acknowledge receiving a copy of this release form.

Date _____ Signature(s) _____

Release for Medical, Health or Psychological Records—**sign and take to your doctor(s)**

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the following information needed to document my disability or disabilities and to determine the possible and appropriate academic accommodations for me as a student at Butler County Community College:

Statement on letterhead verifying diagnosis/diagnoses (DSM and/or ICD); listing
current functional limitations consequent to diagnosis/diagnoses and manifestations
thereof; briefly outlining treatment plan; and recommending any academic
accommodations/supports consistent with the diagnosis/diagnoses, with the functional
limitations and manifestations, and with the treatment plan.

I certify that I have read the foregoing statement and fully understand that in making this request for disclosure of medical, educational, psychological or neuro-psychological information and other factual data concerning me, I am waiving the protection and safeguards accorded to me by the Federal and State confidentiality requirements. I also acknowledge receiving a copy of this release form.

Date _____ Signature(s) _____

Release for Documentation & Accommodation Records From Prior Institution
--sign and take/send to your previous college or university

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the following information needed to document my disability or disabilities and to determine the possible and appropriate academic accommodations for me as a student at Butler County Community College:

Documentation and/or Accommodation Records from college or university

previously attended _____

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Date _____ Signature(s) _____