

Clover Park Technical College Disability Resources for Students Office

Student Release of Information Authorization

253-589-5767 / disabilityresources@cptc.edu

The office of Disability Resources for Students (DRS) at Clover Part technical College does not release information contained in your records to family members, other people or agencies withot your written concent. If you wish to give permission for another person or agency to have access to your records, please complete this form and submit it to DRS.

(PLEASE USE ONE FORM PER PERSON OR AGENCY)

Student Name (Please Print Clearly)	Student ID Number	
Release of Information - <u>FROM</u> Third Party <u>TO</u> DRS Office at CPTC		
I authorize the following person/agency to release and/or discuss the information indicated below to Disability Resources for Students (DRS) at Clover Park Technical College:		
Name of Person or Agency		Contact Phone Number
Contact Person and/or E-mail Address (if applicable)		Fax Phone Number
Copy(ies) of Letter of Accommodation (LOA)		
Documentation of Disability		
Other		
Release of Information - <u>FROM</u> DRS Office at CPTC <u>TO</u> Third Party		
I authorize Disability Resourcesfor Students (DRS) at Clover Park Technical College to release and/or discuss the information indicated below to the following person/agency:		
Name of Person or Agency		Contact Phone Number
E-mail Address (if applicable)		Relationship
Copy(ies) of Letter of Accommodation (LOA)		
Documentation of Disability		
Other		

My signature below authorizes this release.

Student Signature:_____