



Documentation Release Form

PLEASE SUBMIT THIS SIGNED FORM TO THE APPROPRIATE HIGH SCHOOL, COLLEGE, MEDICAL, AND/OR PSYCHOLOGIST'S OFFICE

STUDENT: Please **DO NOT** return this form to Cayuga Community College.



Date _____

To: Guidance Counselor/Committee on Special Education/Psychologist/Physician/Student Disability Services Coordinator

I am requesting and authorizing you to release all relevant documentation that will aid disability personnel in planning accommodations and recommendations to meet my educational needs. This information will be kept strictly confidential.

Please release this information to:

Auburn Campus	Fulton Campus
Cayuga Community College Office of Disability Services 197 Franklin St. Auburn, NY 13021	Cayuga Community College Office of Disability Services 806 West Broadway Fulton, NY 13069
Phone: (315) 255-1743 ext. 2422 FAX: (315) 283-9013	Phone: (315) 592-4143 ext. 3027 FAX: (315) 592-5055

Thank you for your attention to this matter.

Student's Signature

Student's Name (Please Print)

Date of Birth