

# MEREDITH COLLEGE

## Release of Information Accommodation Letter Request Form

In order for the Counseling Center to provide disability services, you must, in accordance with college policy and your right of confidentiality, authorize this release of information. The release form authorizes the Counseling Center staff to disclose your disability and information provided to us, which will be appropriate and useful to the individuals that you list below.

I \_\_\_\_\_ indicate by signing this release on (date) \_\_\_\_\_ that I am giving consent to the Meredith College Counseling Center/ Disability Services Staff to discuss

- Information which I have shared about my disability, and
- Information provided by other professionals to the Counseling Center to support my request for disability services.

I hereby release the Counseling Center/Disability Services Staff to share relevant information with the following individuals:

| Title            | Name<br>First and last name | Course<br>Dept | Course # | Course section |
|------------------|-----------------------------|----------------|----------|----------------|
| Ex.              | Jane Smith                  | PSY            | 001      | A              |
| Academic Advisor |                             |                |          |                |
| Faculty          |                             |                |          |                |
| Faculty          |                             |                |          |                |
| Faculty          |                             |                |          |                |
| Faculty          |                             |                |          |                |
| Faculty          |                             |                |          |                |
| Faculty          |                             |                |          |                |
| Faculty          |                             |                |          |                |

**I am aware that it is my responsibility to meet with a Disability Counselor for an accommodations review, pick up accommodation letters and distribute them to each professor. I am also aware that to assure the provision of my accommodations, I need to meet with my professors to review and sign the letter. The letter should then be returned to the Disability Services office within 2 weeks.**

Student's Signature: \_\_\_\_\_

Student's Printed name: \_\_\_\_\_

School/Current Address: \_\_\_\_\_  
(include city, state & zip code)

Telephone: 1) \_\_\_\_\_ 2) \_\_\_\_\_ Meredith E-mail: \_\_\_\_\_

Social Security or Student ID Number: \_\_\_\_\_

|  |
|--|
| For Counseling Center/Disability Service Use |
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Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Letters Processed: \_\_\_\_\_

ALTERNATE FORMATS AVAILABLE UPON REQUEST