



**Office of Student Accommodations
Permission to Release Information**

I authorize the Temple College Office of Accommodations to release disability information regarding my disability and/or any accommodation services rendered while I attended the institution. This information is confidential as mandated by Federal and state law.

It is being released to _____, at _____.

Address: _____

Phone Number: _____ Fax Number: _____

This information may include diagnostic interview, specific diagnosis, medications and side effects, test scores, clinical summary, recommendations for accommodations, approved accommodations, manner in which accommodations were delivered, as well as _____
_____.

I understand I may revoke this consent in writing at any time, but may not act to revoke consent on action already taken. This release expires when I am no longer a registered student and/or one year from the date of signature, whichever comes first.

Student Name (please print) _____ Social Security # _____ - _____ - _____

Student Signature _____ Date _____