



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

I authorize the Temple College Office of Accommodations to collect disability information needed to determine and provide appropriate accommodations. This information is confidential as mandated by Federal and state law.

It is being requested of \_\_\_\_\_, at \_\_\_\_\_.

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

This information may include diagnostic interview, specific diagnosis, medications, and side effects, test scores, clinical summary, and recommendations for accommodations.

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 \_\_\_\_\_