

Authorization to Release Confidential Records

The proponent department is Disability Support Services

THIS FORM IS PROTECTED UNDER THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974

PRINCIPAL PURPOSE: Request by Northeast Lakeview College for the release of confidential records from external sources for a student in an academic setting.

ROUTINE USES: Used to evaluate and determine accommodations for students.



ALAMO
COLLEGES

NORTHEAST LAKEVIEW COLLEGE

AUTHORIZATION TO REQUEST/RELEASE CONFIDENTIAL INFORMATION

1. STUDENT BANNER ID

2. LAST FOUR OF SOCIAL SECURITY

3. DATE OF BIRTH

4. STUDENT NAME (FIRST, LAST)

5. PRIMARY PHONE

6. ALTERNATE PHONE

REQUEST/RELEASE INFORMATION FROM

7. NAME OF ORGANIZATION

8. CONTACT PERSON

9. E-MAIL

10. ADDRESS

11. PRIMARY PHONE

12. ALTERNATE PHONE

13. FAX

REQUEST/RELEASE INFORMATION TO

14. NAME OF ORGANIZATION

15. CONTACT PERSON

16. E-MAIL

17. ADDRESS

18. PRIMARY PHONE

19. ALTERNATE PHONE

20. FAX

21. INFORMATION REQUESTED: (CHECK ALL THAT APPLY) CHECK ALL THAT APPLY:

- | | |
|--|---|
| <input type="checkbox"/> Documentation/Statement of Disability | <input type="checkbox"/> Medical Records |
| <input type="checkbox"/> Psychological Evaluation | <input type="checkbox"/> History of Disability |
| <input type="checkbox"/> Psycho-Educational Assessment | <input type="checkbox"/> Academic and/or intellectual Assessments |
| <input type="checkbox"/> Comprehensive Individual Assessment | <input type="checkbox"/> Full Individual Evaluation (FIE) |
| <input type="checkbox"/> Current or Previous Accommodations | <input type="checkbox"/> Other: All educational access |
| <input type="checkbox"/> Information relating to an emergency situation in which I am involved while on campus | |

Authorization to Release Confidential Records

The proponent department is Disability Support Services



ALAMO
COLLEGES

NORTHEAST LAKEVIEW COLLEGE

I authorize Northeast Lakeview College to request/release the above information. I understand that my records will be kept confidential and are protected by Federal Regulation/State Law. I also understand that I may revoke this consent at any time, and that my records will not be released without my signed consent.

22. STUDENT SIGNATURE

23. DATE

24. DISABILITY SERVICES REPRESENTATIVE

25. DATE

Alamo Colleges will not discriminate against any employee, applicant for employment, student or applicant for admission on the basis of race, color, sex, pregnancy, religion, creed, national origin (including ancestry), citizenship status, physical or mental disability, age, marital status, sexual orientation, gender, transgender status, gender identity, gender expression, veteran or military status (including special disabled veteran, Vietnam-era veteran, or recently separated veteran), predisposing genetic characteristics, domestic violence victim status, any other protected category under applicable local, state or federal law, or persons who have opposed discrimination or participated in any complaint process on campus or before a government agency.. Inquiries or complaints concerning these matters should be brought to the attention of: Linda Boyer-Owens, Associate Vice Chancellor of Human Resources and Organizational Development, Title IX/VII/ADA/504 Coordinator, (210) 485-0200. Address: Human Resources Department, 201 W. Sheridan, Bldg. A, San Antonio, Texas 78204.