



ADA Accommodations Office
2601 Carson Road
Birmingham, AL 35215
Office: 205-856-6077
Fax: 205-856-7993

AUTHORIZATION FOR USE, DISCLOSURE AND/OR RELEASE OF INFORMATION

Student's Name: _____

Date of Birth: _____

I give my permission for the following individual or agency to obtain and/or release the protected information checked below for purposes of eligibility determination for completing a post-secondary academic accommodations request. I understand the information may contain medically sensitive information about any of the conditions/documents checked below and I authorize its release for the purpose stated. I understand that at any time, I can revoke this permission by notifying the ADA Accommodations Office in writing. I understand that a revocation will not be retroactive and will not affect disclosure prior to revocation.

The individual or agency allowed to release information is:

Name: **Scotty Rainwater, ADA Director**
Organization: **Jefferson State Community College
ADA Accommodations Office
2601 Carson Road
Birmingham, AL 35215
(205) 856-6077
Fax: (205) 856-7993**

The information should be released to:

Name: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

The following written and/or verbal information may be released:

- _____ Testing Results: Psychological/Neuropsychological/Vocational Evaluations including intelligence, aptitude, achievement or interest testing.
- _____ Diagnosis Sheet signed by diagnosing professional.
- _____ History of disability and treatment.
- _____ Classroom accommodation recommended.
- _____ Medical treatment and/or records concerning _____
- _____ Other _____

Photocopies of this release form will be considered as an original. This authorization expires 90 days after the date signed below.

Student's Signature Date

ADA Director's Signature Date