# STUDENT AUTHORIZATION FOR RELEASE OF INFORMATION TO IVY TECH STATE COLLEGE DISABILITY SUPPORT SERVICES (DSS)

To: _____ Date: _____

From: DSS, Ivy Tech State College (Phone _____)

Subject: Verification of Disability for the Following Individual:

| _____ | _____ | _____ |
|---|---|---|
| **Student Name** | **SS#** | **Date of Birth** |

Please acknowledge the following authorization:

***I authorize the person/agency/school named above to release the following documentation of my disability to Disability Support Services at Ivy Tech State College:***

_____Psychological Evaluation
_____Plan of Service
_____IEP (Individual Educational Plan)
_____Learning Disability Testing
_____Statement of Medical Condition*
_____Transition Plan
_____Other _____

Student Signature _____ Date _____

*A statement of medical condition should appear on letterhead stationery and include a professional's signature, as well as suggested academic accommodations.

The documentation that you supply may enable this student to receive disability services at Ivy Tech State College. All information will be kept confidential, as the basis for authorizing reasonable academic accommodations.

Please send the requested information or this form to:

_____

at the following address:

_____

Thank you.