

## Document Release Form

**Student:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### Instructions Specific to my Records:

I hereby authorize:

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

Phone

Number: \_\_\_\_\_

Fax

Number: \_\_\_\_\_

To release the listed documentation regarding my disability: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This documentation will be used to provide reasonable accommodations and meet federal requirements for documentation of a disability. These requirements include a diagnosis and any definitive information in order to help establish reasonable accommodations.

My signature below gives permission to release information to:

Accessibility Resources UC Clermont College  
4200 Clermont College Drive  
Batavia, Ohio 45103

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_