



## 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 St. Philip's 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.

### 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 |   |



# ALAMO COLLEGES DISTRICT

## St. Philip's College

### Authorization to Release Confidential Records

The proponent department is Disability Support Services

I authorize St. Philip's 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

The Alamo Colleges District 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.