



Laredo Community College

Release of Confidential Information

I hereby request and authorize _____ to release to the Special Services Center at LAREDO COMMUNITY COLLEGE the information you have about me which I have checked and initialed below:

- | | |
|---|------------------------------|
| _____ Individualized Education Plan (IEP) | _____ Psychological Testing |
| _____ Psycho Educational Diagnostic Evaluation | _____ Psychiatric Evaluation |
| _____ Speech and Hearing Evaluation/Audiogram | _____ Medical Records |
| _____ Attention Deficit Disorder Evaluation/Treatment Recommendations | |
| _____ Other _____ | |

The purpose of this information will be used to verify my disability and to assist in determining eligibility for support services. I give permission for pertinent information to be made available to the college nurse, counselor, individual instructors and other employed at LCC requiring this information.

I absolve LAREDO COMMUNITY COLLEGE from any legal liability which may arise from this release of this information

Name: _____

SSN: _____ DOB: _____

Signature: _____ Date: _____

Parent/Guardian Signature: _____
(If under 18 years old)

Please send information to: Laredo Community College
Attn: Karen McInnis
Special Services Center
Kazen Center Room 213
West End Washington St.
Laredo, Texas 78040