



## Laredo College

### Release of Confidential Information

I hereby request and authorize \_\_\_\_\_ to release to the Special Services Center at Laredo College the information you have about me which is checked below:

\_\_\_\_\_ Evaluation Review Full and Individual Evaluation \_\_\_\_\_ Psychological Testing  
\_\_\_\_\_ Psycho-Educational Diagnostic Evaluation \_\_\_\_\_ Psychiatric Evaluation  
\_\_\_\_\_ Speech and Hearing Evaluation/Audiogram \_\_\_\_\_ Medical Records  
\_\_\_\_\_ Attention Deficit Disorder Evaluation/Treatment Recommendations \_\_\_\_\_ Mental Health Records  
\_\_\_\_\_ 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 counselor, individual instructors and others employed at LC requiring this information. I absolve Laredo College from any legal liability which may arise from the release of this information.

Name: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

(If under 18 years old)

Expiration date: \_\_\_\_\_

Please send information to:

Laredo College  
Attn: Adriana Craddock  
Special Services Center  
Kazen Student Center Room 132  
West End Washington St. Laredo, Texas 78040