

Consent to Release Information

TO:

I, _____ hereby give my consent to release information deemed important to my training and rehabilitation. Please forward the requested documentation to **The Accessibility Center, Community College of Denver.**

I consent to release information on the following items:

- _____ Unofficial school transcripts
- _____ Previous vocational testing reports
- _____ Individualized Plan for Employment (IPE)
- _____ Disability documentation (stating diagnosis, doctor signature on letterhead, last three years)
- _____ Learning evaluation/psychological evaluation
- _____ Standard general learning ability scores
- _____ Psychiatric evaluation/learning evaluation
- _____ Work history
- _____ Permission to exchange information (verbal/written)

This authorization expires one year from date of signature unless otherwise revoked by the applicant. *I affirm that I have read, understand, and agree to this form in its entirety and that the information supplied is true and complete.*

Student: _____
Print Name Signature Date

Address: _____
Street City State Zip Code

Program Advisor: _____
Print Name Signature Date