

## Medical Documentation Form for Accessibility Services

**CONSENT TO RELEASE INFORMATION:** The information requested below and any documentation regarding your disability and your need for accommodation (s) will be considered confidential. We want to assure you that this information will not be shared with outside parties without your written permission. We understand that the Office of Student Success staff often need to discuss information with others to provide appropriate educational services. Understanding that these staff members will exercise professional discretion when disclosing confidential information, I know that signing this Consent to Release of Information is voluntary and shall remain in effect during my enrollment here at RCC or until I revoke it in writing. I hereby permit staff to exchange relevant information concerning my education, as needed, with the following entities:

- Vocational Rehabilitation
- Mental Health Professionals
- Medical Providers
- Previous College / Educational Institutions
- Other Agencies / Professionals:

**This section is to be completed by the student**

Student Name:	Date of Birth
RCC Student ID	Phone Number:
Email:	

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**This section to be completed by a Licensed Professional only**

Provider Name:	Name of Practice:
Practice Address:	Phone Number:

Please return this completed form to  
 Tammy Cheek, MS  
 Assistant Director of Student Success  
 Randolph Community College Student Success/Welcome Center  
[twcheek@randolph.edu](mailto:twcheek@randolph.edu) | 336-633-0246



**Diagnosis:**

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**Recommended accommodation related to disability in an educational setting:**

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**To be completed by a Licensed Professional:**

**I certify that the following accommodation request is appropriate for the student.**

Medical Provider/ Licensed Professional Signature: \_\_\_\_\_

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

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**RANDOLPH**  
COMMUNITY COLLEGE

OFFICE OF **STUDENT SUCCESS**

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