



Professional 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 these 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:

Student Name: _____ **Date of Birth:** _____

RCC ID: _____ **Email:** _____

Student's Signature: _____ **Date:** _____

Professional Providing Documentation:

Name: _____

Professional Capacity: _____

Agency or Practice Address: _____

Phone: _____ **Date:** _____

Diagnosis/Diagnoses: _____



Description of the status of the student (test results, where needed, maybe appended) and impact on the student's academic performance:

Description of expected stability or progression of disability:

RECOMMENDED ACCOMMODATION (S):

To be completed by the reviewer when the form is completed:

I certify that the following accommodation request is appropriate for the above-named student.

Name of reviewer (Print): _____

Signature: _____ Date: _____

Title: _____

Agency: _____

