

# LAKE ERIE COLLEGE

## STUDENT SUCCESS CENTER

### Agency Release of Information Form

REGARDING \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth (DOB) \_\_\_\_\_

I hereby give permission to \_\_\_\_\_  
(attending physician or agency)

to release the following information:

- My last two (2) I.E.P.s while attending your institution
- Any transcripts, progress reports or other evaluations that indicate the existence of a disability
- Any information regarding my disability and how it affects my schoolwork
- Any test scores / other indicators that support my diagnosis
- Any suggested accommodations that can assist me in dealing with my disability on a college campus
- Multifactorial evaluation

The information is to be sent to:

Director, The Student Success Center  
Lake Erie College  
391 West Washington Street  
Box 342  
Painesville, OH 44077

This authorization is valid for as long as I am a student at Lake Erie College.

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness \*

\_\_\_\_\_  
Date

(If signed by guardian or legal representative, please check here. )

<b>FOR OFFICE USE ONLY</b>
Copies:
<input type="checkbox"/> Student: _____
<input type="checkbox"/> Student file: _____