

RELEASE OF INFORMATION TO REQUEST DOCUMENTATION (**student completes**)

Student Name: _____ Date of Birth: _____

Previous Names: _____ Phone #: _____

Address: _____

City, State & Zip Code: _____

I, _____ **authorize**(provider) _____

(address) _____

(City, State and Zip Code) _____

(Phone number) _____ (Fax number) _____

I am requesting the provider listed above share information related to my disability with North Central Michigan College as documentation for accommodations to access facilities, programs, and services. Please share this information with **North Central Michigan College: Director of Learning Support Services, 1515 Howard Street, SCRC 533, Petoskey, Michigan 49770. Confidential phone/fax: 231-348-6817.**

Please share (check all that apply):

Assessment, diagnosis, and recommendations included on the **North Central Michigan College Documentation of Disability and Impact Form** attached, and/or

Records containing the necessary information which may include: Discharge summaries, Psychological Evaluations, Audiograms and Recommendations, History & Physical Examinations with recommendations, Emergency Room Records, Discharge Instructions, Psychoeducational records and reports, Individualized Education Plans/504 Plans, Academic/Vocational testing results, Functional Capacity Exams and Recommendations, or

Other: Signed and dated statement on official letterhead from a licensed, appropriate diagnosing professional verifying the type of disability, the need for accommodations, and impact of the disability on major life areas.

Student Rights related to this request:

I understand I may revoke this authorization by written request at any time.

This authorization will expire automatically expire one year from the date of my signature.

I understand that once my health information is used or disclosed through this authorization, it may be subject to re-disclosure or release by North Central Michigan College, as per the Family Educational Rights and Privacy Act (FERPA).

I hereby agree to hold North Central Michigan College, their employees and agents free and harmless from any actions against them for alleged invasion of privacy, libel, or slander, or defamation arising from or related to disclosure of such information.

Student (guardian) Signature: _____

Student ID#: _____ Date: _____

Relationship, if other than the student: _____

Learning Support Services, Suite 533 · 1515 Howard Street · Petoskey, MI · 49770 Confidential Phone/Fax:
231-348-6682 · email: rdeyoung@ncmich.edu

Documentation of Disability & Impact on Major Life Activities (professional completes)

The following student has requested accommodations from Learning Support Services at North Central Michigan College. The goal of our department is to provide accommodations to permit access to all facilities, programs, events, and services on campus. We require appropriate documentation of the student's accessibility and accommodation needs. This form must be completed and returned to Learning Support Services directly from the certifying professional's office via mail, fax or email. You may attach additional information as needed. Thank you in advance for your time and consideration.

Name of student/patient: _____

Student Birthdate: _____

Name of Certifying Professional: _____

License/Certification Type: _____

Institution or Agency Name: _____

Institution or Agency Address: _____

Phone: _____ **Fax:** _____

Diagnose(es)/Conditions, DSM Code(s) and Dates Identified:

*

List the impact of the condition(s) on the student's performance in major life activities, including any effects of prescribed medications:

*

Please state how the condition/disability might affect the patient's ability to access college activities/courses/situations/environments (attach pertinent documentation/assessments, as needed):

*

Recommended Academic and Access Accommodations for physical and online campus environments:

*

Signature of Diagnostician: _____ **Date:** _____

Please return this form to Learning Support Services