Lakeland Community College
7700 Clocktower Drive, Kirtland, Ohio 44094-5198 Student Accommodation Center

STUDENT AUTHORIZATION FOR RELEASE OF INFORMATION

Date____________________

I, __________________________________ give my permission to the counselors for students with disabilities and their support staff to share information regarding the nature of my disability. I understand that this information will be released to faculty members, and/or academic staff, and/or the following agencies:

AGENCY	STUDENT INITIAL & DATE
________________________	____________________________
________________________	____________________________
________________________	____________________________

The purpose of this release is to assist in the understanding of my disability and its unique nature, and to support any requests for coursework modifications/accommodations and special services which relate to my disability.

This authorization is valid for as long as I am a student at Lakeland Community College unless I revoke my permission in writing.

____
Student Signature**

____
SSN# or LID#

____
Date

____
Witness (if under age 18)

**If signed by guardian or legal representative, please check here:_________

AK/cp
wkrelease.ak