

AUTHORIZATION & REQUEST FOR RELEASE OF RECORDS

To: _____ Date: _____

I, _____, authorize the Accommodations
(printed name)

Contact Person at Northwest Iowa Community College to receive a copy of my previous special education, medical, or other records. The purpose of the request is to determine eligibility for accommodations.

The records/report(s) should include the following:

1. A diagnosis of the disability/need;
2. Description on how disability/need impacts major life functioning at the current time;
3. Suggested accommodation for the student in a college setting;
4. Other special information as applicable.

Student Signature

Date

Please send a copy of these records to:

Accommodations Coordinator
Northwest Iowa Community College
603 West Park Street
Sheldon, IA 51201
1-800-352-4907 ext 118