

**SERVICES FOR STUDENTS WITH DISABILITIES  
RELEASE OF INFORMATION FORM**

**Students: Complete this form and give it to your psychologist, physician, or other person or agency that will provide documentation of your disability according to Pellissippi State guidelines for documentation. Also, make a copy of this form and give it to Services for Students with Disabilities with your other disclosure forms.**

**PLEASE NOTE: Services for Students with Disabilities DOES NOT request documentation. It is the STUDENT'S RESPONSIBILITY to obtain documentation. Any costs associated with providing documentation are the responsibility of the student.**

Name \_\_\_\_\_  
Social Security Number/CWID \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone Number(s) \_\_\_\_\_

I, \_\_\_\_\_, release a copy of all necessary records, including testing, evaluation, etc. to Pellissippi State Technical Community College for the purpose of providing supportive services to me while enrolled as a student. *I also give permission for the disability office to contact the provider (psychologist, physician, VR counselor or other person/agency) listed on this form.* Upon written notification to Services for Students with Disabilities, I can cancel this release at any time.

Student Signature \_\_\_\_\_  
Date \_\_\_\_\_

Please provide the following information about the agency/person(s) that will provide the initial documentation of your disability and return this form to the address below:

Name of Provider \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Pellissippi State Technical Community College  
Services for Students with Disabilities  
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Knoxville, TN 37933-0990  
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