

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 _____

Return to:
Pellissippi State Technical Community College
Services for Students with Disabilities
10915 Hardin Valley Rd
Knoxville, TN 37933-0990
Ph. (865) 694-6751 V/TTY; (865) 539-7153
Fax (865) 539-7218