

(Please print legibly. If information is not readable, it cannot be processed.)

**Trinity Valley Community College  
Students with Disabilities**

**Authorization for Release of Confidential Information**

Student ID # \_\_\_\_\_ Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I, \_\_\_\_\_, authorize the TVCC Student Disability Office (CAPS) release the following information/materials for the purpose of assisting me in my academic program (provide a specific and detailed description of the information you want disclosed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Persons to whom information may be released (please print clearly):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

This authorization shall remain in effect until \_\_\_\_\_.

I am requesting the Trinity Valley Community College disability services office to release this information for the following reasons ("At the request of the individual" is all that is required if you do not desire to state a specific purpose): \_\_\_\_\_

I understand that I may revoke this release, in writing, at any time by sending such written notification to the disability services office. By signing this release, I understand TVCC will not contact these individuals, but may release information to those noted if applicable.

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