



DISABILITY RESOURCES & SERVICES
DEPARTMENT WITHIN STUDENT AFFAIRS
LIMITED RELEASE OF INFORMATION

I, _____ hereby consent and authorize the office of Student Support and Disability Resources & Services at Chandler-Gilbert Community College to:

- Obtain Confidential Information Release Confidential Information

Information is being requested for:

Name: _____ Birth date: _____

MEID or SID: _____ Term & Year: _____

Purpose of the disclosure:

- To gain a greater understanding of this individual's disability.
 To make reasonable accommodations for the individual at CGCC.
 To gather information for assessment and evaluation.

Individual, Agency, or Entity receiving this request:

Name: _____ Phone: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Type of record(s)/information:

- All Documents Diagnosis Medical Treatment Treatment Goal(s)/Summary
 Assessment(s)/Evaluation(s) Psychological/Educational Testing Summary of Performance
 Recommended Accommodations
 Other: _____

Note: All documentation must be on official letterhead

Disclosure Statements:

The individual named is a prospective, new, or continuing student at CGCC.
This authorization is valid for one year and may be revoked at any time.
All communication to DRS must be initiated by the student only.

Signature of the Student

Date

Signature of the Parent/Guardian (if applicable)

Date

Please Send Requested Information to:

Chandler-Gilbert Community College, Disability Resources & Services Dept.
2626 East Pecos Road, Chandler, Arizona 85225-2499
Telephone: 480-857-5188 Fax: 480-212-0915 TTY: 480-732-7066



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