Lane Community College SM

Disability Resources Release Form (General)

(Including: Health, Mobility, Vision, Hearing, Psychiatric, Developmental, TBI, Etc.)

I, _____ hereby authorize _____
Student name Name of health/mental health provider

_____
Provider's street address City/State/Zip code

_____ to release information to Disability Resources
Phone Fax

at Lane Community College, for the purpose of determining my eligibility for accommodations.

Reported Conditions: _____

_____

Signature _____ DOB _____ Date _____

If under 18 years: _____(Parent or Guardian)

CONFIDENTIALITY: All disability documentation is considered highly confidential and is protected by the Federal Family Education Rights and Privacy Act of 1974 (PL 93-380).

To HEALTH or MENTAL HEALTHCARE PROVIDER or EVALUATOR: In order to determine how we can best assist the student, please provide the information requested below:

1. Description of the condition or diagnosis:_____

_____

_____

2. Brief description of the history of this condition: _____

_____

_____

3. Clarify any additional conditions: _____

_____

_____

4. Is this student taking medication that affects her/him in school? Please describe: _____

_____

_____

5. Other comments or suggestions: _____

_____

_____

Health or Mental Health Provider or Evaluator:

Name (Please Print)	Title	License Number

Signature	Date

Please give a copy of this document to the student to return to us, or send completed form and any additional documents to:

Lane Community College, Disability Resources
4000 E 30th Ave.
Eugene, OR 97405-0640
(541) 463-4739 (Fax).

If you have questions, please contact us by phone at (541) 463-5150, TTY: 711,
or email disabilityresources@lanecc.edu

Thank you for providing this information.