

**CHESTNUT HILL COLLEGE
DISABILITY RESOURCE CENTER
Release of Confidential Records
Student Record Release**



Please print or type with blue or black ink. This document should be completed for EACH individual, school or agency whose records are relevant to a determination of your disability and reasonable accommodations. You may make as many copies of this form as needed. After you complete each of the Release Forms, give the original forms to 1) Director, Disability Resource Center and COPIES to 2) each individual or agency with whom you want to share information. It is your responsibility to mail copies of each form to the designated resource.

Date: _____
Student's Name: _____ Date of Birth: _____
Maiden Name or Other Name Used: _____
Address: _____ City: _____ State: _____ Zip Code _____
Social Security or ID Number: _____
E-mail Address: _____

I, _____ (Student's Name) hereby authorize the following individuals, agency or institution to release to and to communicate with the Chestnut Hill College Disability Resource Center the information and records identified below. **All non-medical/mental health records must be dated within three years prior to the date of this Release and/or normed for adults. Medical records and mental health records must include current diagnosis within the past 6 months.**

Name / Title / Agency: _____
Address: _____
City, State, Zip Code: _____
Telephone: _____
E-mail Address (if known): _____ Fax Number (if known): _____

Information forwarded from the above professional/agency/institution/school will include those items specifically checked below (please check appropriately for each individual, agency, etc.):

- _____ 504 Service Agreements
- _____ Audiology and/or Speech/Language Pathology Evaluation and Diagnosis
- _____ Behavior Analyst Evaluation and Diagnosis
- _____ Individualized Education Program Reports (IEP)
- _____ Medical Evaluation and Diagnosis
- _____ Mental Health Evaluation and Diagnosis
- _____ Neurological Evaluation and Diagnosis
- _____ Neuro-psychological Evaluation and Diagnosis
- _____ Psychiatric Evaluation and Diagnosis including prescribed medications and dosages
- _____ Psychological/Psycho-educational Evaluation and Diagnosis
- _____ Other Records (please specify):

The above information will be used in determining whether I am eligible to receive reasonable Accommodations under the Americans with Disabilities Act of 1990 and its 2008 (ADAAA) amendments. This request is also consistent with the Federal Family Educational Rights and Privacy Act of 1974 (FERPA) and the Academic Policies for Students with Disabilities at Chestnut Hill College.

This consent will begin the date of this authorization and remain in effect during my enrollment at Chestnut Hill College or until revoked in writing. I, the undersigned, hereby acknowledge that I have read this authorization prior to its execution and fully understand the nature of this release. All information released will be handled confidentially and in compliance with federal and state regulations. **I further give permission for members of the Disability Resource Center at Chestnut Hill College to discuss my educational profile with other Chestnut Hill College professionals who have a legitimate educational interest in my academic, socio-emotional/behavioral and/or medical needs.**

If you do not want information shared with your parent/guardian, initial here _____.

This authorization will remain in effect during my enrollment at Chestnut Hill College. I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to the Chestnut Hill College Disability Resource Center address.

Signature of Student

Date of Authorization

Parent or Guardian Signature: _____ Date of Authorization _____
Required for Student under 18 years of age.

All information should be forwarded to:

Kristin Tracy, M.A., M.Ed., CRC
Director
Disability Resource Center
Chestnut Hill College
240 St. Joseph Hall
9601 Germantown Avenue
Philadelphia, PA 19118
Tracyk@chc.edu
Phone: 215-753-3655
Fax: 215-242-7748

Date Received in Disability Resource Center: _____