



Pine Technical and Community College Office of Accessibility and Accommodations Services

900 Fourth Street SE, Pine City MN 55063 (320) 629-4174 Fax (320) 629-5102

AUTHORIZATION FOR RELEASE OF INFORMATION

Student Name: _____ Date of Birth: _____

I hereby authorize:

Disclose to Obtain from Exchange with

**Pine Technical and Community College
Office of Accessibility and
Accommodations
900 Fourth Street SE
Pine City MN 55063**

Faculty / Organization/ Agency

Address

City/ State/ Zip Code

PURPOSE OF DISCLOSURE

- To determine eligibility or services
- To coordinate support services
- Other _____

I specifically authorize the release of information relating to:

- Psychological Health
- Substance abuse (including alcohol/chemical use)

Signature of Student or Legal Representative _____
Date

SPECIFIC INFORMATION TO BE RELEASED:

- Medical Diagnosis
- Psychological Diagnosis
- Psycho-Educational testing results
- Other _____
- Recommended Accommodations
- Educational Assessment (Please Note: an IEP alone is not adequate please include assessment/evaluation)

DATES OF INFORMATION TO BE RELEASED: From _____ to _____

Information regarding this authorization:

- Each transfer of Medical Records requires a new release form signed by the patient.
- This form allows exchange of Counseling/Mental Health/Medical records for ONE YEAR.
- I may revoke this consent at any time by providing PTCC with a written statement specifically revoking this authorization.
- I will receive a copy of this authorization form upon my request.
- By authorizing the use or disclosure of information, there will be no conditions placed on my academic accommodations.
- Information disclosed by this authorization may be subject to re-disclosure by the recipient and no longer protected by Federal privacy regulations.
- In compliance with MN Statue 144.33, I may be required to pay a fee for retrieval and photocopying of records and/or a supervised inspection of medical records.
- Information may be faxed by secure fax, 320-629-5102

I have reviewed and understand the content of this authorization form. By signing this authorization I am confirming that it accurately reflects my wishes.

Student Signature

Date