

According to federal law, medical records used by a higher education institution in determining appropriate accommodations for a student with a disability is not considered "treatment" records but educational records. As educational records, disability-related files maintained by Disability Services are protected by the Family Educational Rights and Privacy Act (FERPA). Postsecondary educational institutions, like Mohave Community College, may not disclose personally identifiable information from education records without the prior written consent of an eligible student except as specified and permitted by law.

Section I: Requesting Information from an Outside Third-Party:

(Complete this section to request documentation of a disability from a certified professional that provided a disability diagnosis.)

I, _____ hereby authorize _____ to release the information checked in section III to Mohave Community College's Disability Services for the time designated in section IV for the purpose of providing documentation required to request academic accommodations at Mohave Community College.

Section II: Releasing Information to an Outside Third-Party:

(Complete this section to request Disability Services to release disability-related information to an outside third-party, including: testing agency, medical, educational professional, or to you, the student, directly.)

I, _____ hereby authorize Mohave Community College's Disability Services to release the information designated in section III to _____ for the purpose of _____.

Section III: Information to be released

Medical Information:	Diagnosis	Limitations	Recommendations
Psychological Information:	Diagnosis	Limitations	Recommendations
School Record/Transcripts:	Diagnosis	IEP	504 Plan
Accommodation Request Form:	Accommodation List		

Other (please specify):

Section IV: Duration of Release

This release may be used: only once as needed.

Section V: Student Attestation

I understand that the educational records maintained by the Disability Services are confidential and will not be further released without my written permission except as specified and permitted by law. In addition, I understand that I may revoke this consent to request or release information at any time, but recognize that any release made between the time I authorized it and then revoked it shall not constitute a breach of my right to confidentiality.

Student Signature: _____

Date: _____