



ACCESS

Release of Records Request

Name of school, agency or professional

Street Address

City

State

Zip Code

Phone Number: _____

Fax Number: _____

I hereby authorize the identified school, agency or professional to release all educational, medical, social and/or psychological information to the ACCESS Office at Collin College for the purpose of obtaining Educational Accommodations through the Access Office at Collin College. I further release Collin College and the identified school, agency or professional from all liability and claims pertaining to disclosure of the information requested.

Student Name: _____

Birth Date: _____ Social Security Number: _____

High School: _____ Date Graduated: _____

Student Signature

Date

Please submit records to:

Gloria Cloud

Brett Haduch

Central Park Campus
2200 W. University Dr.
McKinney, TX 75071
Phone: 972.548.6816
Fax: 972.548.6865

Preston Ridge Campus
9700 Wade Blvd.
Frisco, TX 75035
Phone: 972-377-1785
Fax: 972-377-1527

Spring Creek Campus
2800 E. Spring Creek Pkwy
Plano, TX 75074
Phone: 972-881-5898
Fax: 972-881-5896