



RELEASE OF RECORDS

I hereby give Services for Students with Disabilities at Collin College District permission to obtain copies of existing records and evaluations or physicians' documentation of disability from:

NAME OF SCHOOL / AGENCY / PROFESSIONAL

STREET ADDRESS

CITY

STATE

ZIP CODE

FAX NUMBER: PHONE NUMBER:

To be held in confidence and utilized for purposes of evaluating, designing and implementing an educational program specifically for my needs.

Student Name: LAST FIRST MI

Social Security Number: Birth Date:

High School: Date Graduated:

Student Signature

Date

Please send to:

Suzanne Chase
Diagnostician/Advisor
Learning Disabilities

Debbi Collins
Advisor, Disability Services

Brett Haduch
Advisor, Disability Services
Mental Health Specialist

Randy Batiste
Advisor, Disability Services

Tanya Pierce
Advisor, Disability Services
Deaf/Hard of Hearing

Sharon Steele-Blakeman
Director/ACCESS

Gloria Cloud
Advisor, Disability Services
Mental Health Specialist

COLLIN COLLEGE
2800 E. SPRING CREEK PARKWAY, D-140
PLANO, TX 75074
Confidential FAX: 972/881-5896