The City College of New York
Division of Student Affairs
Willie Administration Building, The City College of New York
160 Convent Avenue New York, NY 10031 (212) 650-5426

AccessAbility Center
North Academic Center, Room 1/218
Convent Avenue at 138th Street
New York, New York 10031
Voice: 212-650-5913 Fax: 212-650-5772
TTY/TTD: 212-650-6910 disabilityservices@ccny.cuny.edu

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, ID _____,
(Student Name) (EMPLID ID)

hereby authorize the following individuals and/or organizations to release all medical, psychological, and/or educational evaluations/assessments in their possession to the AccessAbility Center/Student Disability Services (AAC/SDS) at City College, and for AAC/SDS to discuss such information in its possession to the individual and/or organizations listed below:

Name of individual and/or organizations who will release or receive information:

_____

_____

_____

This authorization allows the above individuals and/or organizations to copy and send records to AAC/SDS, and allows representatives of AAC/SDS to review the records. This authorization allows the above individuals and/or organizations to discuss my condition and needs with the AAC/SDS staff. This authorization encompasses all records pertaining to my condition, including "third party records" created by any other individuals or organizations.

The following are specified as part of this authorization:

A. The purpose of disclosure is to assist AAC/SDS in determining whether I am eligible to receive reasonable accommodations for my disability in accordance with the Americans with Disabilities Amendments Act of 2008, and what accommodations may be appropriate.

B. I understand that I have the right to revoke this authorization at any time by providing written notification to AAC/SDS, or the individuals and organizations listed above, and that revoking this authorization does not apply to information that has already been released by this authorization.

C. This authorization expires one year after the date it is signed.

D. I am also aware that any information disclosed to the AAC/SDS is subject to other state and federal privacy laws, including FERPA, which protects student's records.

Student Signature: _____Date: _____