Division of Student Affairs

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

The AccessAbility Center/Student Disability Services
North Academic Center, Room 1/218
New York, New York 10031
Voice: 212-650-5913
Fax: 212-650-5772
TTY/TTD: 212-650-8441
Email: disabilityservices@ccny.cuny.edu

The City College
of New York

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, ID _____,
     (Student's 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 The City College of New York, 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 and/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 disability and accommodation needs with the AAC/SDS staff. This authorization encompasses all records pertaining to my disability, 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 academic adjustments and auxiliary aids for my disability in accordance with the Americans with Disabilities Act.

B. I understand that I have the right to revoke this authorization at any time by providing written or verbal 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 (e.g., FERPA, HIPAA), which protects student's records.

Student's Signature: _____Date: _____