

**Student Authorization for Release of Information**

I understand the Office for Students with Disabilities and Deaf Services (OSDDS) of Holyoke Community College requires information to establish my eligibility for services to develop an individualized accommodation agreement. All information the OSDDS office requests and receives will be used for educational purposes and is confidential.

Recommended accommodations may be shared with others in the college to facilitate the provision of services. I understand that I may withdraw this release by writing to OSDDS at any time. Commonly approved individuals or organizations include parents/guardians, sending school district, physician or counselor, or state/local agencies (ex: MRC, DDS, etc.).

I authorize the exchange of information between OSDDS and the following:

Individual or Organization	Relationship to You	Email	Phone #
Individual or Organization	Relationship to You	Email	Phone #
Individual or Organization	Relationship to You	Email	Phone #
Individual or Organization	Relationship to You	Email	Phone #

**Student Name:** \_\_\_\_\_ **HCC Student ID#** \_\_\_\_\_  
                                    First                                      Last

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(9/2023)