

RELEASE OF RECORDS
DISABILITY SUPPORT SERVICES
Montgomery College
Rockville Campus
Voice: 240-567-5058; Fax: 240-567-5097; TTY: 301-294-9672
dss@montgomerycollege.edu

Please complete back of form and submit all supporting documentation as appropriate.

Note: Psychological, Neuropsychological, and Psycho-educational evaluations must accompany this form.

Source:

_____ **Private Organization**

Name of Organization: _____

To the Attention of: _____

Address: _____

City: _____ State _____ Zip Code _____

_____ **Professional** (e.g., - physician, therapist, diagnostician) **Attention: see back of form**

Name: _____

Title: _____

Address: _____

City: _____ State _____ Zip Code _____

_____ **Other (name)** _____

Title: _____

Address: _____

City _____ State _____ Zip Code _____

I authorize the release of my confidential records/test scores to:

Disability Support Services, CB 122
Montgomery College
51 Mannakee Street
Rockville, Maryland 20850

Records requested by: Print Name _____

Signature _____

Date of Birth _____

Signature of Parent or Guardian (if under 18)

Date: _____

TO BE COMPLETED BY A LICENSED/CERTIFIED PROFESSIONAL:

Please Note: Psychological, Neuropsychological, and Psycho-educational evaluations MUST accompany this form.

To determine eligibility for services, provide appropriate accommodations, and effectively advise and counsel this student, the following information is required:

- 1) Name of student: _____
- 2) Diagnosis/ses (DSM IV, if appropriate): _____

- 3) Medication(s): _____
- 4) **Please check any of the following areas that are affected by the student's disability and/or medication and indicate the specific impact and your recommendation for accommodation(s).**
For example: - Reading; visual acuity - corrected - 20/400 - can't see blackboard or overhead - needs notetaker or tape recorder...

Reading _____

Writing _____

Attention span/concentration _____

Mobility _____

Manual dexterity/coordination _____

Test taking _____

Classroom participation _____

Specific times to take/not take classes _____

Other (please explain) _____

Print name: _____

Signature: _____

Title _____

License/Certification # _____

Phone #: _____ Date _____