



REQUEST FOR RELEASE OF RECORDS

Section 1: To be completed by the student

Name _____ Date _____

Street Address _____ City _____ State _____ Zip _____

Phone _____ Date of Birth _____

Name of High School, Agency, or Professional _____

Street Address _____ City _____ State _____ Zip _____

I authorize the release of information requested on this Disability Verification Form to the Accommodations contact at Iowa Lakes Community College. This may include a copy of my previous special education, medical, or other records pertaining to my disability.

Student Signature _____ Date _____

Electronic Signature Agreement: You agree your electronic signature is the legal equivalent of your manual signature on this application. You further agree that your signature on this document (hereafter referred to as your "E-Signature") is as valid as if you signed the document in writing.

Section 2: To be completed by Special Education or School Counselor

The above named individual is establishing an accommodation application at Iowa Lakes Community College. This process requires the individual to provide appropriate documentation of the disability. Please provide the information requested below to assist us in determining and providing reasonable accommodations.

Copy of the most recent IEP or 504 plan (including accommodations)

-AND-

Copy of the most recent educational psychological evaluation by qualified school psychologist **including individualized test results.**

Please send this information to the following address:

Iowa Lakes Community College
Jody Condon
3200 College Drive
Emmetsburg, Iowa 50536
Email: jcondon@iowalakes.edu
(712)852-5219
Fax: 712-852-2152