Request for Release of Records

IOWA LAKES COMMUNITY COLLEGE

SECTION 1 - TO BE COMPLETED BY STUDENT

Student Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Date of Birth: _____

Name of high school or medical provider: _____

Address: _____ City: _____ State: _____ Zip: _____

Provider Phone #: _____ Provider Fax #: _____

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
300 South 18th Street
Estherville, IA 51334
Email: jcondon@iowalakes.edu
Phone: 712-362-7990
Fax: 712-362-8363

It is the policy of Iowa Lakes Community College not to discriminate in its programs, activities, or employment on the basis of race, color, national origin, sex, disability, age, sexual orientation, creed, religion, and actual or potential family, parental or marital status. If you have questions or complaints related to compliance with this policy, please contact a title IX coordinator for Iowa Lakes Community College, Administration Building, 19 South Seventh Street, Estherville, IA 51334, telephone: 712-362-0430, equity@iowalakes.edu or Director of the Office for Civil Rights, U.S. Department of Education, Cesar E. Chavez Memorial Building, 1244 Speer Boulevard, Suite 310, Denver, CO 80204-3582, Telephone: (303) 844-5695 FAX: (303) 844-4303, TDD 800-877-8339 Email: OCR.Denver@ed.gov.