



Scanlon Learning & Success Center (LSC)
Release of Information

I, _____ (students' name), hereby authorize **Tanya Hoistion**, Accommodative Specialist at Jefferson Community College to release all pertinent information/documentation that will aid in the appropriate design and delivery of academic and/or accommodative services at Jefferson Community College to:

_____.

I understand that this information will be kept confidential. Also, I understand that information may be shared with the C.A.R.E.S. committee if it is deemed necessary.*

Information that you wish to release (to parents/guardians/teachers/counselors):

- Grades
 - Discuss documentation needs
 - Use of services
 - Attendance
 - Classroom accommodations
 - Testing accommodations
 - Other
- _____

Student Signature

Date

*This release will remain in effect until _____.
Date