St. John Fisher College
RELEASE OF CONFIDENTIAL INFORMATION

I, ____________________________________________________________, do hereby voluntarily release to St. John Fisher College, the records to document my disability: (Check all that apply)

☐ Physical
☐ Learning
☐ Emotional/Psychological

I request that these records be reviewed by the appropriate St. John Fisher College staff and that due to my ________________ disability, the following accommodations/modifications are considered:

________________________________________________________________________

________________________________________________________________________

I understand that while accommodations may be granted, course requirements must be fulfilled.

I understand that pertinent information from these records will be shared with appropriate advisors, instructors and college administrators for the purpose of providing support services and accommodations.

I understand that the information disclosed may contain information that is protected by federal or state law, and I specifically consent to disclosure of such information.

I understand that it is my responsibility to provide a copy of this release to the agency/school holding my records and to request that the records are sent to St. John Fisher College.

I understand that this authorization shall be valid until graduation or termination of enrollment at St. John Fisher College.

Student’s name (please print): ________________________________

Student’s signature: ________________________________ Date: __________

Agency/School sending records:

________________________________________________________________________

________________________________________________________________________

Send confidential records to: Coordinator of Disability Services
Office of Academic Affairs
St. John Fisher College
3690 East Ave.
Rochester, NY 14618

Note: Documentation will be retained for five years after the date of graduation or termination of enrollment at St. John Fisher College

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