

Authorization for Release of Information		<i>To the Releasing School/Agency, if applicable:</i>
To:	Name of Releasing School/Agency	<p><i>Please provide all listed documentation possible verifying the student's disability and limitations in order for Olympic College to determine eligibility for academic adjustments, accommodations and support services for the student named below:</i></p> <p>Cognitive Testing (raw scores if possible):</p> <ul style="list-style-type: none"> • WAIS III / WAIS IV or • WJ III Tests of Cognitive Abilities • Other Cognitive Testing (if applicable) <p>Achievement Testing (individual subtest raw scores, if possible):</p> <ul style="list-style-type: none"> • WJ III Tests of Achievement • WRAT Profile • WIAT II • Other Achievement Testing (if applicable) <p>Other:</p> <ul style="list-style-type: none"> • Most recent Psychological Evaluation • Learning Disability Assessment Summary of Report • Other Disability Documentation
	Releasing School/Agency Contact/Title	
	Telephone (include area code)	
	Fax (include area code)	
From:	Olympic College Access Services Department	
Olympic College Contact Person		
<p>Olympic College Access Services 1600 Chester Avenue Bremerton, WA 98337-1699 Telephone: (360) 475-7540 / Fax: (360) 475-7436 www.olympic.edu/access</p>		
<p>Notice to Student: Third party records sent directly to Access Services may not be released to you or another entity.</p>		
To be completed by the student		
Student's Last Name	First Name	Middle Initial
Other Name Used	Date of Birth (mm/dd/yyyy)	OC Student ID #
<p>I, the undersigned, request any appropriate person and/or agency or institution to release/disclose to Olympic College Access Services any and all information and records about me in your possession including, but not limited to, school records, assessments and evaluations, and completion of the OC Access Services Disability Verification Form (if attached) in order to determine my eligibility for academic adjustments, accommodations and support services at Olympic College.</p> <p>I further give permission to Olympic College Access Services staff to discuss my educational needs with high school staff and other professionals who have a legitimate need to know.</p> <p>This authorization shall remain in effect during my enrollment at Olympic College or until it is revoked in writing.</p>		
Student's Signature		Date
Signature of Parent/Guardian if student is under 18		Date