

Office of Student Accommodation
LARAMIE COUNTY COMMUNITY COLLEGE
1400 East College Drive
Cheyenne, Wyoming 82007
(307)778 -1359 or 4385, Fax (307)778-1262

Authorization and Request for Release of Information

To: _____

Re: _____

This is to authorize you to communicate with the Office of Student Accommodation and request you to furnish records, information, or opinions regarding the physical, mental, and academic condition of this student for LCCC. Please include the following information:

- a diagnosis of the student's current condition
- date of diagnosis
- how the diagnosis was reached
- the credentials of the professional
- how the condition affects a major life activity
- how the condition affects the student's academic performance

This release is given by the undersigned patient/student. Your full cooperation in this request is respectfully requested.

You are further instructed not to disclose information to any other person without written authority from patient/student to do so (pursuant to privilege and confidential communications statutes).

Date

Printed Name

Phone

Signature

Please send records to the Office of Student
Accommodation: aclubb@lccc.wy.edu or Fax:
(307)778-1262