



Disability Support Services
 LARAMIE COUNTY COMMUNITY COLLEGE
 1400 East College Drive
 Cheyenne, Wyoming 82007
 307.778.1359 • Fax 307.778.1262



Authorization and Request for Release of Information

To:

Re:

This is to authorize you to communicate with the Disability Support Services office and request you to furnish records, information, or opinions regarding the physical and mental condition of this patient/student to the Disability Support Services (DSS) of LCCC. Please include the following information:

- a diagnosis of the student’s current disability
- date of diagnosis
- how the diagnosis was reached
- the credentials of the professional
- how the disability affects a major life activity
- how the disability 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).

Dated this _____ day of _____, _____.

 Printed Name

 Signature

***Please send records to the Disability Support Services
 You may contact the DSS at 307.778.1359***