



**Disability Support Services**  
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 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).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Signature

Please send records to the Disability Support Services  
Office: [dss@lccc.wy.edu](mailto:dss@lccc.wy.edu) or Fax: (307)778-1262