



Lake Superior College Disability Services
2101 Trinity Road, Duluth MN 55811 (218) 733-7650 Fax (218) 733-7765

AUTHORIZATION FOR RELEASE OF INFORMATION

Student Name:

Date of Birth:

I hereby authorize:

Disclose to Obtain from Exchange with

Lake Superior College
Disability Services
2101 Trinity Road
Duluth MN 55811

Faculty / Organization/ Agency

Address

City/ State/ Zip Code

PURPOSE OF DISCLOSURE

- To determine eligibility or services
To coordinate support services
Other

I specifically authorize the release of information relating to:
Psychological Health
Substance abuse (including alcohol/chemical use)
Signature of Student or Legal Representative Date

SPECIFIC INFORMATION TO BE RELEASED:

- Medical Diagnosis Recommended Accommodations
Psychological Diagnosis Psycho-Educational testing results
Educational Assessment (Please Note: Educational Assessment - an IEP alone is not adequate please include assessment/evaluation)
Other

DATES OF INFORMATION TO BE RELEASED: From to Present

Information regarding this authorization:

- Each transfer of Medical Records requires a new release form signed by the patient.
This form allows exchange of Counseling/Mental Health/Medical records for ONE YEAR.
I may revoke this consent at any time by providing LSC with a written statement specifically revoking this authorization.
I will receive a copy of this authorization form upon my request.
By authorizing the use or disclosure of information, there will be no conditions placed on my academic accommodations.
Information disclosed by this authorization may be subject to redisclosure by the recipient and no longer protected by Federal privacy regulations.
In compliance with MN Statue 144.33, I may be required to pay a fee for retrieval and photocopying of records and/or a supervised inspection of medical records.
Information may be faxed by secure fax, 218-733-7765

I have reviewed and understand the content of this authorization form. By signing this authorization I am confirming that it accurately reflects my wishes.

Signature of Student or Legal Representative

Date