Consent for Release of Information

I authorize Kilgore College to release my college information, including financial aid information, grades, and classroom progress to: __________________________________________________________.

This consent for release of information will begin on (date) ____________ and will continue until further notice. Thank you for your assistance in this area.

Students Name (print): ________________________________

Students Signature: ________________________________

Date: ________________________________
KILGORE COLLEGE
SPECIAL POPULATIONS OFFICE
PERMISSION TO RELEASE DOCUMENTATION

Identifying Data:  
Students Name:____________________________________  
Date of Birth:______________________________________  
Social Security Number:______________________________

Return Information to:  
Hollyann Davis  
Special Populations Counselor  
Kilgore College  
1100 Broadway  
Kilgore, Texas 75662  
Phone: (903)983-8682  
Fax: (903)983-8215

Kilgore College needs personal information about you in order to provide the necessary accommodations in class and/or on campus. You are required to provide the requested information in order to receive services from the Special Populations Office.

COMPLETE THE FOLLOWING ONLY IF THE SPECIFIC INFORMATION OUTLINED BELOW IS BEING COLLECTED.

I request and authorize ____________________________________________  
(Name of organization/individual treatment source)  
to release to Kilgore College the following specific information.

_____ Psychological  _____ School Records, Grades, Testing, and evaluations  
_____ Medical Records/Treatment  _____ Other: ________________________________  
_____ MHMR Records

- I understand my records are protected by federal regulations and/or state law.  
- I understand that I may revoke this consent at any time except for actions already taken based on this consent. This consent expires automatically when I am no longer an applicant or student of Kilgore College.  
- I further authorize that a photocopy of this authorization form be fully accepted as an original.

__________________________________________________________  
Signature of Student  
Date

__________________________________________________________  
Signature of Parent, Guardian, or Representative (if necessary)  
Date