

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