

ACC ALVIN COMMUNITY COLLEGE
Student Accessibility Services

Release of Records Request

Name of School, Agency or Professional

Street Address

City State Zip Code

Phone Number: _____ Fax Number: _____

I hereby authorize the identified school, agency or professional identified above to release educational, medical, social and/or psychological information to Student Accessibility Services at Alvin Community College for the purpose of obtaining Educational Accommodations through the office of Student Accessibility Services. I further release Alvin Community College and the identified school, agency, or professional from all liability and claims pertaining to disclosure of the information requested.

Student Name: _____ Birth Date: _____

High School: _____ Date Graduated: _____

Social Security Number or HS Student ID: _____

Student Signature

Date

Please submit records to:

Student Accessibility Services
Lilly Guu, Director
LGuu@alvincollege.edu

Alvin Community College
3110 Mustang Road
Alvin, TX 77511
Phone: 281.756.3533
Fax: 281.756.5760

CONFIDENTIALITY NOTICE:
The contents of this message and any attachments are intended solely for the addressee(s) and may contain confidential and/or privileged information and may be legally protected from disclosure. If you are not the intended recipient of this message or their agent, or if this message has been addressed to you in error, please immediately alert the sender and then delete this message and any attachments. If you are not the intended recipient, you are hereby notified that any use, dissemination, copying, or storage of this message or its attachments is strictly prohibited.