

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
Brett Haduch, Coordinator
bhaduch@alvincollege.edu

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

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