



**Disability Services
Authorization for High School or Other Agency to Release Confidential
Information**

Name: _____ Prior Name: _____

Social Security Number: _____ Date of Birth: _____

Address: _____
Street City State Zip

Agency/School Records Authorized for Release (Please check all released)

- | | |
|--|---|
| <input type="checkbox"/> School Transcripts | <input type="checkbox"/> Employment Information |
| <input type="checkbox"/> Psychological Evaluations | <input type="checkbox"/> Medical Reports |
| <input type="checkbox"/> Vocational Assessment Reports | <input type="checkbox"/> Psychiatric Evaluations |
| <input type="checkbox"/> Last M-Team Report | <input type="checkbox"/> Therapy Progress Reports |
| <input type="checkbox"/> Social Services Reports | <input type="checkbox"/> Alcohol/Drug Abuse Care or Treatment |

Other (Specify): _____

Purpose or Need for Release of Agency/School Information

- Student Requests Special Services at Blackhawk Technical College
- Other (Specify)

Agencies/Organizations Authorized to Release Information

Release Information to:

Deb Gilster, Student Success Center, Blackhawk Technical College, 6004 South County Road G,
PO Box 5009, Janesville, Wisconsin 53547-5009, Telephone: (608) 757-7796, or deaf/hh call relay: 711, Fax: (608) 757-7752

Authorization Expires as of: _____

I understand that I may revoke this authorization at any time by declaration in writing, except where information has already been released prior to revocation. Unless revoked, this authorization remains in effect until the expiration date.

Signature of Subject of Record Date

Legal Representative of Subject of Record Date