

Scanlon Learning & Success Center (LSC) Release of Information

I, ______ (students' name), hereby authorize **Tanya Hoistion**, Accommodative Specialist at Jefferson Community College to release all pertinent information/documentation that will aid in the appropriate design and delivery of academic and/or accommodative services at Jefferson Community College to:

I understand that this information will be kept confidential. Also, I understand that information may be shared with the C.A.R.E.S. committee if it is deemed necessary.*

Information that you wish to release (to parents/guardians/teachers/counselors):

- o Grades
- Discuss documentation needs
- Use of services
- Attendance
- o Classroom accommodations
- Testing accommodations
- o Other

Student Signature

Date

*This release will remain in effect until