



**Request and Authorization for Release of Information**

*(For requesting accommodation records from Clarendon College)*

I, \_\_\_\_\_, received accommodations at Clarendon College due to a documented disability. I am requesting that you send a copy of my accommodation records to \_\_\_\_\_ so that I may continue to receive services as I continue my education. I authorize the release of my records.

Mail a copy of my records to (enter mailing address if requesting records to be sent by postal mail):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OR

Email them to (enter email address for records to be sent by email):

\_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

*Email this completed form to [janean.reish@clarendoncollege.edu](mailto:janean.reish@clarendoncollege.edu), or drop it off in the Student Services Office on the Clarendon Campus or mail it to:  
Clarendon College, PO Box 968, Clarendon, TX 79226, Attention: Janean Reish.  
Please allow 3 business days from the day it is received for it to be processed.*