



Request and Authorization for Release of Information

(For requesting records from a high school or previous college/university)

I, _____, received accommodations at your school due to a documented disability. I am requesting that you send a copy of my disability/ accommodation records to Clarendon College so that I may continue to receive services as I continue my education.

Mail a copy of my records to:

Janean Reish, Associate Dean of Enrollment Services
Clarendon College
PO Box 968
Clarendon, Texas 79226

OR

Email them to:

janean.reish@clarendoncollege.edu

Thank you,

Student Signature

Date