



**NORTH SEATTLE
COLLEGE**

One of the Seattle Colleges

Disability Services
College Center Bldg, 2nd Floor
9600 College Way North
Seattle, Washington 98103-3599
(206) 934-3697

AUTHORIZATION FOR RELEASE OF INFORMATION

I _____ hereby authorize:

Name of Individual/Institution _____

Address of Individual/Institution _____

City, State and Zip Code of the Individual/Institution _____

Phone Number for the Individual/Institution _____

Fax Number for the Individual/Institution _____

Email for the Individual/Institution _____

To provide the below individual or institution with (Please check all that apply)

Medical Documentation

Accommodation Documentation

Name of Individual / Institution: _____

Address: _____

City, State, Zip _____

Phone: _____

Fax: _____

Email: _____

For the purpose of:

Read before signing:

The person and/or institution providing this information is hereby released from all legal responsibility or liability for the release of the above-mentioned information. I understand that I have the right to withdraw this authorization, at any time and that such revocation must be in writing.

Student Signature: _____ Date: _____

Email Address: _____ Phone: _____

DS Staff Member _____ Date: _____

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