

Quinebaug Valley Community College

Request for Release of Disability Information Form

Instructions for Student:

1. Sign and date this form:

Student Signature

(Parent/guardian signature if student under eighteen years.)

Date

2. Print the following information.

Student Name _____

Student Grad Year _____

Student DOB _____

3. Bring or mail this form to your high school Special Ed or Guidance office.

Instructions for High School:

1. Please provide hard copy (not fax or e-mail attachment) of disability documentation.
2. Provide copies of **only the most recent:**
 - Psycho-Educational Evaluation or Psychological Evaluation
 - Educational Evaluation
 - Individualized Education Plan (IEP)
 - Planning and Placement Team (PPT) Minutes
 - Report of Progress

3. Mail the documentation to:

Disability Services Office
Quinebaug Valley Community College
742 Upper Maple St.
Danielson CT 06239

4. Please call 860.932.4009 if you have questions.