Quinebaug Valley Community College
Request for Release of Disability Information Form

Instructions for Student:

1. Sign and date this form:

   Student Signature ___________________________________________ Date _____________
   (Parent/guardian signature if student under eighteen years.)

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.