



## Salina Tech Accommodation Services

### Request for Release of Documentation/Information

I, \_\_\_\_\_

(Please print student name)

Give my permission to release information and/or documentation to:

*Jennifer Callis, Vice President of Student Services  
Salina Area Technical College  
2562 Centennial Road  
Salina, KS 67401  
Phone: 785-309-3100 Fax: 785-309-3101*

This information will be used for the purpose of obtaining accommodation and academic support services and to establish a plan for my education at Salina Area Technical College.  
Specific information requested:

- Current psychological evaluation
- Current individualized education Plan (I.E.P.) or Summary of Performance
- Current medical/psychiatric documentation on letterhead with treating professions signature and credentials
- Current 504 plan
- Permission to discuss case

The specific documentation and/or information is requested from:

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(Name of individual/agency/school) \_\_\_\_\_ (FAX Number) \_\_\_\_\_

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(Street Address) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

I understand this information will be used for the purpose of establishing an educational plan to obtain support services and/or appropriate accommodations based on the information provided.

I further understand the documentation and/or any test results may be discussed with those individuals deemed necessary by Jennifer Callis, Vice President of Student Services.

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(Signature of student) \_\_\_\_\_ (Student ID Number) \_\_\_\_\_ (Date) \_\_\_\_\_

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(Signature of parent/guardian if under 18) \_\_\_\_\_ (Signature VPSS) \_\_\_\_\_ (Date) \_\_\_\_\_