



**Disability Resources and Services**

18401 North 32<sup>nd</sup> Street Phoenix, AZ 85032 • 602-787-7171 • fax: 602-787-7230  
dl-pvc-disability@paradisevalley.edu • www.paradisevalley.edu/drs

**Authorization for Release of Information**

Please be advised that your disability record constitutes privileged information and will be kept confidential and used for educational institution requirements only. You may revoke this consent through written notice at any time.

**Individual/Entity requested to send/receive the records:**

Name: \_\_\_\_\_ Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Information is being requested for:**

Name: \_\_\_\_\_ SID: \_\_\_\_\_ DOB: \_\_\_\_\_

I, \_\_\_\_\_ hereby consent and authorize Disability Resources and Services at Paradise Valley Community College to:

\_\_\_\_\_ **Obtain Confidential Information**

\_\_\_\_\_ **Release Confidential Information**

**Purpose of the disclosure:**

\_\_\_\_\_ To gain a greater understanding of this individual's disability

\_\_\_\_\_ To make reasonable accommodations

\_\_\_\_\_ To gather information for assessment/evaluation

**Records/Information to be disclosed:**

\_\_\_\_\_ All Documents

\_\_\_\_\_ VR Testing

\_\_\_\_\_ Assessment/Evaluation

\_\_\_\_\_ Medical Treatment

\_\_\_\_\_ Psychological/Ed. Testing

\_\_\_\_\_ Recommend Accommodations

\_\_\_\_\_ Diagnosis

\_\_\_\_\_ Transition Plan

OTHER \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please send requested information to:**

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Disability Resources & Services  
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