North Hennepin
Community College

7411 Eighty-Fifth Avenue North | Brooklyn Park, MN 55445

Phone: 763-424-0702 | Fax: 763-424-0929 | Email: info@nhcc.edu | Web: www.nhcc.edu

Authorization for Release of Medical Information Documentation

As specified below, I request the provider listed below, to release relevant medical, educational, psychological testing information to North Hennepin Community College, Disability Access Services, in order to facilitate arrangements for disability accommodations.

State and Federal privacy laws protect my records. I know:

- Why I am being asked to release this information.
- I do not have to consent to this authorization, and I may refuse to provide some, or all of the information requested; but I also understand that my eligibility for accommodations may be impacted. Disability Access Services will provide accommodations based on the documentation that is provided.
- I may stop this authorization with a written notice at any time, but this written notice will not affect information released prior to notification of revocation.
- This authorization will terminate in one year from the date of my signature unless otherwise specified _____.
- I understand that when the health information is released the information could be re-disclosed by the third party that receives it, and may no longer be protected by federal or state privacy laws.

Information Authorized to be Released

(***Documentation recent enough to verify current symptoms and substantial, functional limitations***)

_____ Medical Diagnosis and/or Psychological Diagnosis by a qualified practitioner

_____Symptoms, functional limitations, verify interference with major life activity*

_____ Psycho-Educational Testing for LD, Autistic Spectrum Disorder, and/or ADD/ADHD

_____ Mitigating measures and degree of effectiveness

_____ Recommendations for reasonable accommodations

*Major life activities include, but are not limited to: sight, hearing, speaking, walking, sleeping, performing manual tasks, learning (attention and concentration), working, or self-care.

_____
Applicant Name and Date of Birth

_____ _____
Applicant's Signature (Parent/Guardian Signature for minors) Date

Send From / To:

_____
Provider Name

_____
Clinic or Agency or School

_____
Address Line 1

_____
City, State, Zip Code

_____
Phone Number and Fax Number

Connie Sherman, M.A., L.P.
Director, Disability Access Services
North Hennepin Community College
7411 Eighty-fifth Avenue North
Brooklyn Park, MN 55445

North Hennepin website www.nhcc.edu

connie.sherman@nhcc.edu
Phone (763) 493-0556
Fax (763) 493-0565

Note: If faxing documentation, please confirm receipt.

Member of the Minnesota State Colleges and Universities Systems. Equal Opportunity Educator and Employer. For Disability accommodations call 763-493-0555. Minnesota Relay Users may call 1-800-627-3529.