



Student Services

Authorization for Release of Information

I, _____, by signing this document, give my permission for the Disability Services counselor at Lawson State Community College to obtain copies of my records. Please provide the following checked information:

- Classroom accommodations that have been recommended or previously utilized
- Current accessibility requirements/needs
- Psychological and/or neuropsychological reports
- Medical documentation of disability, including official diagnosis

Student Signature

Date

Please forward requested material to:

Ms. Renay Herndon

1100 9th Avenue SW

Bessemer, AL 35022

Or **Fax** to: 205.424-5119

Ms. Janine McCoy Jones

3060 Wilson Road

Birmingham, AL 35221

Or **Fax** to: 205.925-371