



## Disability Support Services (DSS)

### Release of Information

Student's Name: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

I, the undersigned, give my permission for \_\_\_\_\_,  
my contact person, to release and/or discuss the following information:

- Documentation of Disability
- Medical Documentation
- Psychological Evaluation
- Academic and/or intellectual Assessments
- Current or Previous Accommodations
- History of Disability
- Other: \_\_\_\_\_

with, Rose Medrano, Coordinator of Disability Support Services at Palo Alto College.

My contact person may be reached by fax: \_\_\_\_\_ or by phone:

\_\_\_\_\_.

**Palo Alto College**  
**Disability Support Service (DSS)**  
**1400 W. Villaret Blvd.**  
**San Antonio, TX 78224**  
**Phone: (210) 486-3020; TTY: (210) 486-3022; Fax: (210) 486-3021**

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Date**