



**Washington County Community College**  
1 College Drive, Calais, Maine 04619

## **Authorization For Release Of Confidential Information**

**Student Name:** \_\_\_\_\_

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

I hereby authorize the exchange and release of confidential information between Washington County Community College and

\_\_\_\_\_  
\_\_\_\_\_

Please submit: Most current psycho-educational testing, IEP and PET notes;

To: Rose Binda, Accessibility Services.

I understand that information will be treated in a confidential manner. I also understand that it is my right to request a copy of all information and contest any information I feel is incorrect.

**Student Signature:** \_\_\_\_\_

**Address:** \_\_\_\_\_