



# Disability Resources

*The Dalles, 400 E. Scenic Drive, The Dalles, OR 97058*  
*Hood River, 1730 College Way, Hood River, OR 97031*  
*TD 541-506-6011 HR 541-308-8211, www.cgcc.cc.or.us*

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## RELEASE OF DOCUMENTATION—TO DEMONSTRATE DISABILITY

To: (Dr or School) \_\_\_\_\_ Phone or Fax Number \_\_\_\_\_

Address: (Street, City, State, Zip) \_\_\_\_\_

From: Shayna Dahl, Disability Resources, 400 E. Scenic Drive, The Dalles, OR 97058; 541.506.6046

Regarding: (Student Name) \_\_\_\_\_

Birthdate: \_\_\_\_\_ Other Names: \_\_\_\_\_

Student Telephone Number: \_\_\_\_\_

I consent to disclosure of information regarding my mental state or mental illness.	_____	Initials
I consent to disclosure of information regarding drug and alcohol conditions.	_____	Initials
I consent to disclosure of information regarding my learning disability.	_____	Initials
I consent to disclosure of information regarding my physical disability.	_____	Initials
I consent to disclosure of information regarding my medical disability.	_____	Initials
I consent to the faxing of this release and the response or records delivered upon this release.	_____	Initials

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

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## DIAGNOSING PROFESSIONAL

- This student has requested disability accommodations at Columbia Gorge Community College. Disability is defined in the Rehabilitation Act and Americans with Disabilities Act. Please answer questions 1, 2, and 3 and attach documentation.
- This student is consenting to the release of diagnoses, statements of impact, recommended accommodations, opinions of degree of disability, medication records, psychological testing, intelligence and ability testing, and cognitive testing. Permission is granted for up to 90 days or until this release is revoked by written notice delivered to all parties. The student understands that information once released may be re-disclosed and may lose protections under Federal HIPPA privacy laws. Your response will be held in the strictest confidence, per FERPA privacy/records laws.
- This report will NOT become a part of the student's academic record or be widely available to others at CGCC.
- If you cannot release information for any reason, please notify the student or client and return this form to CGCC with a brief explanation. If you need in-house forms completed in your office, please contact the student/client/patient directly.
- If you are not the diagnosing professional, please forward educational/disability records in your files for this student. Educational professionals may complete this form if diagnostic records and scores to support diagnosis are supplied.

1. Diagnosis (include all relevant to "disability", if any): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of onset (if known) \_\_\_\_\_

Most recent date diagnosis confirmed or reviewed \_\_\_\_\_

Current Meds (Relevant Only): \_\_\_\_\_

\*If diagnosing a learning disability or cognitive impairment, ability and achievement test scores must accompany form. (See included Guidelines for Documentation).

2. How does the condition diagnosed **significantly impact** this student's ability to participate in or access college? (*In the classroom, test rooms, physical education, reading, writing, operating computers, etc.*). We need to know how this disability(ies) impacts learning, ability to sit and participate in a classroom, concentration, memory, test taking, and physical access. What are the limits on these activities? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Please state your recommendations for academic or access accommodations, based on the stated impact of the disability. What would assist this student at college? If it is not obvious, please state why you think a specific accommodation is required.

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If you have any questions or need more information, please call Disability Resources at 541.506.6046.

\_\_\_\_\_  
Signature of Diagnosing Professional

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name of Diagnostician

\_\_\_\_\_  
Date

\_\_\_\_\_  
Type of License

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Expiration Date