



DRAKE STATE

COMMUNITY & TECHNICAL COLLEGE

Release and Statement Form

Name:	
A Number:	
Address:	
Phone:	Drake State Email Address:

I understand that it is my responsibility as a student to communicate with the Disability Support Services/ADA office each semester and complete a new Request for Academic Adjustments and Modifications Form. I may submit my course schedule via email or in person. Academic adjustments and modifications are not retroactive and therefore it is best to contact the office before classes begin each semester.

I authorize the Disability Support Services/ADA office to discuss/release information, exchange information, and obtain information from the following people (Please print full names and relationships):

Name: _____
Street Address: _____
City Address: _____ **State:** _____ **Zip:** _____
Phone Number: _____
Fax Number: _____

Name: _____
Street Address: _____
City Address: _____ **State:** _____ **Zip:** _____
Phone Number: _____
Fax Number: _____

Name: _____
Street Address: _____
City Address: _____ **State:** _____ **Zip:** _____
Phone Number: _____
Fax Number: _____

Student Signature: _____ **Date:** _____

**Please note that assessment documentation has to be current.*

Psychiatric Disabilities- No more than 1 Year

ADHD, Learning, Cognitive, Mobility, Sensory, Systematic, & Traumatic Brain Injury- No more than 3 years old

Revised 05/2023