

SUFFOLK COUNTY COMMUNITY COLLEGE

Documentation Release Form

I, _____, hereby authorize:
(Student's Name)

(Name of High School, Agency, or Individual)

to release to Suffolk County Community College the following information:

Academic transcript and related school records

Health evaluation

Individual Educational Plan

Psycho-educational evaluation

Other:

If records are being released from your high school, indicate:

Date of Graduation

Resource Room Teacher

High School Counselor

Ammerman

Eastern

Grant

Assistant Director, Special Services
Suffolk County Community College
533 College Road
Ammerman Building - Room 202
Selden NY 11784-2899

Disabilities Advisor
Suffolk County Community College
121 Speonk-Riverhead Road
Peconic Building - Room 122
Riverhead NY 11901-3499

Assistant Dean, Counseling Center
Suffolk County Community College
Crooked Hill Road
Caumsett Hall - Lower Level 20
Brentwood NY 11717-1092

(631) 451-4045 (Phone)
(631) 451-4041 (TTY)
(631) 451-4473 (Fax)

(631) 548-2524 (Phone)
(631) 548-2699 (TTY)
(631) 548-3613 (Fax)

(631) 851-6250 (Phone)
(631) 851-6255 (TTY)
(631) 851-6330 (Fax)

disabilityserv-ammr@sunysuffolk.edu

disabilityserv-east@sunysuffolk.edu

disabilityserv-west@sunysuffolk.edu

Signature:

Date:

Witness:

Date: