



Notre Dame College Dwyer Learning Center

Release of Clinical and Educational Information

I, _____, authorize the release of the following record to the persons and for the reasons indicated.

1. The following records may be released:

- _____ Medical documentation of disability
- _____ Statement of diagnosed disability
- _____ Diagnostic evaluation and testing date
- _____ Needs assessment and recommendations
- _____ Psychological Testing and Individual Education Plan (IEP)

2. Please label this information "Confidential" and release these records to :

Jeanne Marie Christian, Director
Dwyer Learning Center
Notre Dame College
4245 College Road
South Euclid, Ohio 44121

3. I authorize the release of these records for these reasons:

I certify that (check one):

_____ I am the subject of these records and eighteen years of age or older.

_____ I am the parent, guardian, or custodian of _____

Name: _____ Date: _____

Address: _____ Date of Birth: _____

Social Security Number : _____ (optional)

(216) 373-5359
Email jchristian@ndc.edu