

Disabilities Support Services

Learning Center - Room 208
406-874-6152 – dss@milescc.edu



REQUEST FOR DOCUMENTATION REVIEW AND CONFIDENTIALITY POLICY

The Family Educational Rights and Privacy Act of 1974 (FERPA), as amended, is a federal law that affords students certain rights regarding their education records. Education records is broadly defined as those records, files, documents and other materials that contain information directly related to a student and are maintained by the College. For the purposes of FERPA, the College considers all students to be independent. Therefore, educational records will not be provided to parents without the written consent of the student. For additional information regarding FERPA, please refer to the student handbook available on the MCC website:

<http://content.milescc.edu/DownloadFiles/StudentHandbook.pdf>

Please note the following:

- Documentation provided to Disabilities Support Services (DSS) is confidential. DSS is charged with the responsibility for collecting and maintaining disability documentation in a confidential manner. Non-identifying information, such as number of students served, may be used for institutional research purposes.
- DSS records are maintained in an electronic database. Access to the DSS database is limited to DSS personnel.
- Information will only be shared within the institutional community if there is a compelling reason, such as a threat to an individual's safety and/or emergency situation.
- Consent of the student will be requested prior to releasing medical/psychological documentation to a third party. Confidentiality is not maintained in the case of child abuse, suicidal or homicidal intent.

I, _____, request that the written documentation of disability I have submitted/will submit to Miles Community College be reviewed to determine my eligibility for accommodations as a person with a disability. By signing this document I make the following authorizations, as indicated, regarding the release of information pertaining to me for the purpose of assisting me in my program, as well as in determining reasonable accommodations.

AUTHORIZATION FOR INFORMATION RELEASE

- | | Authorize | Do Not Authorize |
|--|--------------------------|--------------------------|
| 1. Permit DSS to contact my current treating physician, psychiatrist, etc. to further discuss and/or obtain additional information regarding the nature of my medical condition, medical records and history of treatment. | <input type="checkbox"/> | <input type="checkbox"/> |

***If any exceptions apply to these authorizations, please indicate them below:**

I understand that this authorization may be withdrawn by me at any time through a written, signed and dated request or in conference with a DSS professional staff member. By signing this release, I acknowledge that I have read the ACADEMIC ACCESSIBILITY section of the student handbook, which contains information regarding my rights and responsibilities as a student with a disability at Miles Community College.

Student Signature

Date