

# Form B

## AUTHORIZATION FOR RELEASE OF INFORMATION BY LICENSED PSYCHOLOGIST OR PROFESSIONAL

To: \_\_\_\_\_ (Psychologist, etc.)  
\_\_\_\_\_ (Street Address)  
\_\_\_\_\_ (City, State, Zip Code)

Day Time Telephone \_\_\_\_\_ Evening Time Telephone \_\_\_\_\_

I, the undersigned student, am requesting special services from Flint Hills Technical College and hereby request and authorize you to release any information pertaining to my disability.

Student's Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

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

### DISABILITY VERIFICATION

In order to provide the student with special educational services designed to help him/her be more successful in college, we require a verification of the psychological disability. Please provide the following information:

1. Diagnosis

\_\_\_\_\_  
\_\_\_\_\_

2. Functional limitation(s) resulting from the disorder that would, in your opinion, impede the student's educational performance. Please check all that apply.

- Poor concentration, distractibility and/or confusion.
- Intense anxiety, phobia, and/or panic.
- Distraction by unproductive thoughts or behaviors.
- Difficulty completing registration process due to crowds, long lines, decision making, and/or time pressures.
- Difficulty in taking notes, reading and comprehending college texts, taking tests, managing time, and/or completing assignments.
- Problems in interpersonal relationships, speaking in class during discussions.
- Other

\_\_\_\_\_

3. Signature of Professional:

\_\_\_\_\_  
Title: \_\_\_\_\_

Date: \_\_\_\_\_

After a qualified professional has completed the Disability Verification section, please send this form to the **Dean of Student Services, Flint Hills Technical College, 3301 W. 18<sup>th</sup> Ave., Emporia, KS 66801**