2112 Cleveland Blvd.
Caldwell, ID 83605-4432
208.459.5011 *(v)*
208.459.5175 *(f)*
collegeofidaho.edu

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

Learning Support and Disability Services Department
Director, Tony Kazan, M.Ed.
The College of Idaho
2112 Cleveland Blvd., Caldwell, ID 83605
Phone (208) 459-5141 Fax (208) 459-5849

I, _____, authorize Tony Kazan to disclose
(Student's Name)

to, or receive from:

(Please provide physician/specialist information)

Name: _____

Address: _____

City: _____ST: _____Zip:_____

Telephone: _____Fax: _____

Nature of information being requested: _____

_____

for the purpose of a mutual exchange of information to facilitate:

_____
(For such disclosure)

* *

This consent expires upon the following date, event or condition:

_____

_____ _____
Student Signature Date

_____ _____
Parent/Guardian/Witness Signature Date