

RELEASE OF RECORDS

**MONTGOMERY COLLEGE
Disability Support Services
Rockville Campus**

Voice: 240-567-5058; Fax: 240-567-5097; TTY: 301-294-9672
dss@montgomerycollege.edu

Name: _____

High School: _____

Year of Graduation: _____

To obtain a copy of your most recent **PSYCHOLOGICAL EVALUATION FROM MCPS**, send/take this form to:

- **If you are age 18 or younger:** *(You may complete & sign this form and FAX it to 301-279-8549.)*
MCPS Educational Services Center
Department of Student Services
Office of Psychological Services
850 Hungerford Drive, Room 200
Rockville, MD 20850
(301-279-3805)

- **If you are age 19 to 26:** *(You may complete & sign this form and FAX it to 301-320-7305.)*
Note: MCPS destroys psychological evaluations when a student reaches age 26.
MCPS Central Records
7210 Hidden Creek Rd.
Bethesda, MD 20901
(301-320-7301)

Please submit only copies of original documentation; DSS cannot copy and return original documents.

I authorize the release of my confidential records, including my most recent psychological evaluation.

PLEASE SEND THESE RECORDS TO:

Disability Support Services, CB 122
Montgomery College
51 Mannakee Street
Rockville, MD 20850

Name (please print): _____

Date of Birth: _____

Signature: _____

Signature of Parent/Guardian (if under 18): _____

Date: _____