



Tarrant County College®
SUCCESS WITHIN REACH.

AUTHORIZATION TO RECEIVE INFORMATION

Student's Name: Last First

TCC Student ID Number/Social Security Number Phone Number

I request _____ to release all records and/or other information pertinent to my documented disability and/or approved accommodations.

This information may be released by the following means:

- Phone Email Fax Mail

Please release records to Student Accessibility Resource Office at Tarrant County College: (Check One)

<input type="checkbox"/> Trinity River Campus 300 Trinity Campus Cir Fort Worth, TX 76102 TRTR 3817A Phone: 817-515-1295 Fax: 817-515-0708 Email:TR.SAR@tccd.edu	<input type="checkbox"/> Northwest Campus 4801 Marine Creek Pkwy Fort Worth, TX 76179 WSTU 1333A Phone: 817-515-7733 Fax: 817-515-0788 Email:NW.SAR@tccd.edu	<input type="checkbox"/> Northeast Campus 828 W. Harwood Road Hurst, TX 76054 NSTU 1629A Phone: 817-515-6333 Fax: 817-515-0439 Email:NE.SAR@tccd.edu
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<input type="checkbox"/> Southeast Campus 2100 Southeast Pkwy Arlington, TX 76018 ESED 2302A Phone: 817-515-3593 Fax: 817-515-0446 Email:SE.SAR@tccd.edu	<input type="checkbox"/> South Campus 5301 Campus Drive Fort Worth, TX 76119 SFOC Building Phone: 817-515-4554 Fax: 817-515-4895 Email:SO.SAR@tccd.edu
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Student Signature Date

Student Printed Name

SAR Representative Date Request Sent

Request expires one year from date signed.