



CONSENT TO RELEASE/DISCLOSE INFORMATION - SCC DISABILITY SERVICES
(Optional Form- needed for SCC to request/disclose information on your behalf)

I, _____, DOB: ____/____/____ authorize Stanly Community College Disability Services Office to receive/disclose information from:

- SCC Faculty & Staff
- Parent/Family _____
- Other _____

The following specific information: Mutual exchange of information for educational planning & SCC DSO service provision. Information to include name, address, phone number, social security number, diagnoses, medical/mental health data, diagnostic evaluations, educational records, disability related information.

I understand that my records are protected under confidentiality legislation and cannot be disclosed without my written consent. I understand I may revoke this consent at any time except to the extent that action has been taken.

Signature of Student

Signature of Parent, Guardian, or Authorized Representative, (when required)

Date

Confidential

The information is provided by the Disability Services Office for the purpose of educational planning. We appreciate the respect for student's confidentiality and the understanding that state and federal laws prohibit the release of this information to any other person or agency or for use in any manner for any other purpose. Students with disabilities are eligible for appropriate services stipulated under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990