



Director of Counseling & Special Services
141 College Drive, Albemarle, NC 28001

Phone (704) 991-0161
Fax (704) 991-0255

Consent to Release Disability Information

I, _____, give permission to the Counseling/Special Services staff at Stanly Community College to discuss the specifics of my disability, classroom accommodations, and academic program with the following:

Please indicate the groups that are allowed to talk with staff of Counseling about the specifics or nature of your disability by checking the appropriate lines below.

- Faculty members of the courses in which I am enrolled in a particular semester
- Faculty members of classes that I have attended in previous terms
- Academic advisors, Counselors, and Department Heads
- Administrators within the college who have a legitimate interest in appropriate accommodations related to my disability
- My Parents or guardians (Please list below):

I understand and agree to the statements listed above. I understand that I can amend or cancel this agreement through a written notice to the Student Development Office.

Student Signature _____ Date _____
(If the student is less than 18 years of age, a parent or guardian must be present and understand the statements within this agreement.)

Parent Signature (if applicable) _____ Date _____

Staff Only

I have reviewed this document with the student and have answered any questions that they may have concerning Disability Service at Stanly Community College.

Staff Signature _____ Date _____

***Note: Students need to renew their accommodation request every semester.**