



Megan Brehun, M.S.
Director of Counseling and Special Services
704-991-0161
mbrehun6994@stanly.edu

Release of Information Form

(date)

I, _____, authorize _____
to provide information relating to _____ to Disability
Services at Stanly Community College, for the purposes of evaluating, determining
and/or implementing accommodations at Stanly Community College.

I understand that this authorization is voluntary and I may refuse to sign it. This
authorization will expire 180 days from the date on which I sign it. I understand that I
may revoke this authorization at any time by providing written notice to Disability
Services.

Printed Name: _____

Student Signature: _____ Date: _____