



Disability Services

Student Consent for Release of Information

I authorize the mutual exchange of any and all pertinent information and records for the purpose of facilitating academic and employment planning. I understand that information about my case is confidential and protected by state and federal law. I understand that I am responsible for any deletions or additions to the list of individuals authorized to receive this information.

FERPA - An educational institution shall obtain a signed and dated written consent from the student before it discloses personally identifiable information from the student's educational records.

Student Name: _____ RCC ID # _____

DOB: _____

By signing this form, I authorize Disability Services at Rogue Community College to disclose information regarding disability and functional limitations, for legitimate educational interest to the following individuals or agencies.

*Alcohol/Drug, Mental Health and Medical reports include all aspects of diagnosis, treatment and prognosis. Educational reports include both behavioral and progress reports.

I agree that the agencies and/or individuals listed above may share and exchange information about my circumstances. The information received will be used to evaluate my situation and to plan for and coordinate services for me or for educational purposes.

This permission is good for one year or: _____

I can cancel this at any time, but I understand that the cancellation will not affect any information that was already released before the cancellation.

Student Signature: _____ Date: _____

Parent, Guardian / Legal Representative _____ Date: _____