

AUTHORIZATION FOR USE, DISCLOSURE AND/OR RELEASE OF INFORMATION

Student's Name: _____

A#: _____ Date of Birth: _____

I give my permission for the Disability Services and Resources Office at Gadsden State to release the protected information checked below for purposes of efchecked below and I authorize its release for the purpose stated.

I understand that this information used or disclosed related to this authorization may be subject to redisclosure by the recipient for academic purposes. I understand my right to request GSCC's ADA Accommodations Office to restrict the release of the requested information.

The information should be released to:

The following written and/or verbal information may be released:

- Individual Educational Plan
- Non-Official Transcripts
- History of disability and treatment.
- Classroom accommodations recommended
- Other: _____

RELEASE SIGNATURES

I understand that I have the right to refuse to sign this authorization however; my refusal to allow the release of certain information may affect my eligibility for academic accommodation services. Photocopies of this release form will be considered as original. This authorization expires 90 days after the date signed below.