

Clark College Disability Support Services

Release of Information

Disability Support Services (DSS) is committed to protecting the confidentiality of individuals. While the DSS office must communicate with instructors regarding the implementation of accommodations, DSS records will not be disclosed to others unless there is written permission to do so, or unless the law authorizes or compels us to do so. The purpose of this form is to guide DSS staff members in communicating with others regarding disability documentation, academic adjustments, and/or auxiliary aids.

Please indicate on this form, by placing your initials next to any person or group of people below, with whom you give DSS permission to release information to or receive information from regarding your disability, documentation of your disability, academic adjustments, auxiliary aids, and/or academic progress. Authorizing the DSS Office staff to share information with any individual below does not absolve you of your responsibility as a student. Authorization to share information does not mean that another party can manage your accommodation plan. You are responsible for your accommodation plan and implementation.

Initial

Initial **Department**

_____ Advising

_____ Admissions/Registration

_____ Dept. of Vocational Rehabilitation

_____ Dept. of Services for the Blind

_____ Health Services/Security

_____ Running Start

_____ Tutoring Center, Writing Center, Math Lab

_____ Veterans Resource Center

_____ Other*:

*Please list full name and relationship of individual with whom you give DSS permission to communicate with on your behalf.

I understand that I may cancel this authorization at any time, except to the extent that action has already been taken. Unless cancelled earlier by me, this authorization will expire *two years* from date of signature below. A facsimile of this form will be considered valid.

Signature

Date

Print Name/ Clark College Student ID Number: