



Consent to Release Disability Information

Please check the appropriate term and enter the year :

^ Fall _____ ^ Spring _____ ^ Summer _____

Note: Students need to renew their accommodation request every year .

I, _____, give permission to Durham Technical Community College Accessibility Services Office permission to discuss the specifics of my disability, classroom accommodations, and other disability related issues with the following:

Please indicate the individuals/groups with whom disability services staff are allowed to talk about the specifics or nature of your disability by checking the appropriate boxes below.

^ Faculty members of the courses in which I am enrolled in a particular semester (please list below):

^ Outside agencies (e.g., DSS, Vocational Rehabilitation Services): _____

^ Academic advisors, counselors, financial aid advisors, and department heads

^ Administrators within the college who have a legitimate interest in appropriate accommodations related to my disability

^ My parents, guardians, or spouse (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 Accessibility Services 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 _____

FOR STAFF USE ONLY
