



RELEASE OF INFORMATION FORM – Accessibility Services

Name: _____ Date: _____ Student ID #: _____

***Initial each section**

A. I hereby consent to the release and/or exchange of information concerning my disability and educational progress with my **instructors and/or administrators** at WSC.

_____ Yes _____ No

B. I hereby consent to the release and/or exchange of educational information with my **legal guardians and/or parents**.

_____ Yes _____ No

Legal Guardian/Parent Name: _____ Phone: _____

Address: _____

Legal Guardian/Parent Name: _____ Phone: _____

Address: _____

C. I hereby consent to the release and/or exchange of all pertinent medical and/or psychological information to the **Counseling Staff** at WSC.

_____ Yes _____ No

Other Counselor: _____ Phone: _____

D. I hereby consent to the release and/or exchange of all pertinent medical, psychological, and educational information to my **funding agency** (e.g. Voc. Rehab., Job Service, Corvel, Worker's Comp., etc.).

_____ Yes _____ No _____ N/A

Name of funding agency: _____

Contact information: _____

Student's signature

Date

Signature of this document indicates the understanding that this release will remain in effect until I am no longer a student at WSC.

Accessibility Service Office agrees to keep information and records concerning my disability confidential in compliance with the Family Rights and Privacy Act (FERPA). North Dakota state statutes, and the professional and ethical standards of the Association of Higher Education and Disability (AHEAD). While staff will not release documentation nor reveal specific details of a student's condition to WSC faculty or staff, they will verify that the documentation is on file with Accessibility Support and share information about the purpose of an accommodation.