



# OFFICE of ACCESSIBILITY SERVICES

PITT COMMUNITY COLLEGE

PO Drawer 7007 • Greenville, NC 27835-7007 • Phone (252) 493-7595 • Fax (252) 321-4345 • Everett-114

## CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

*(Office of Accessibility Services releasing information to campus personnel and/or other designated entities)*

Name: \_\_\_\_\_ Student ID # \_\_\_\_\_

I authorize Pitt Community College Office of Accessibility Services to discuss:

- the nature of my condition
- the particulars of my academic progress
- other selected appropriate information deemed necessary for service provision

Initial below:

<p>_____ Registrar's Office</p> <p>_____ Counseling Center</p> <p>_____ Tutorial and Academic Success Center</p> <p>_____ Minority Male Mentoring Program</p> <p>_____ Career Services</p> <p>_____ Faculty if deemed appropriate by OAS Staff</p> <p>_____ PCC Campus Police</p> <p>_____ Code of Conduct Administrator</p> <p>_____ Other Support Services on Campus (<i>Specify</i>) _____</p>	<p>_____ Testing Center</p> <p>_____ Financial Aid Office</p> <p>_____ Basic Skills/Learning Center</p> <p>_____ VISIONS/HORIZON Program</p> <p>_____ TRIO/Student Success Program</p> <p>_____ Advisor/Navigator</p> <p>_____ Transitional Studies</p>
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**Emergency Contact(s) or Other(s)** (not affiliated with Pitt Community College)

Name/Relationship:	
Phone/Cell:	

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Phone/Cell:	

I understand that my records are protected under federal legislation and cannot be shared without my written consent. I understand that I may revoke this consent at any time.

\_\_\_\_\_  
Student Signature (and Parent or Guardian if under age 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of OAS Staff

\_\_\_\_\_  
Date