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 with the following with PCC faculty and staff as deemed necessary for service provision:

- the nature of my condition
- the particulars of my academic progress
- information necessary for the coordination of accommodations

Initial below:

____ Student Advocacy

____ Faculty

____ Campus safety

____ Any other individuals indicated below

Name/Relationship:	
Name/Relationship:	
Name/Relationship:	

CONFIDENTIALITY STATEMENT

I understand that the Office of Accessibility Services will not release any of my confidential information to others without my consent or completion of a signed "Consent for Release of Confidential Information" and a signed "Permission to Disclose Records" form unless otherwise required by law.

_____

Student Signature (and Parent/Guardian Signature if under age 18) **Date**

_____

OAS **Date**