

Central Carolina Community College

1105 Kelly Drive • Sanford, NC 27330

Special Populations Services

919-718-7273

1-800-682-8353, ext.7273

Consent for Release of Confidential Information

I, _____, authorize the Special Populations Office at Central Carolina Community College to provide North Carolina Division of Vocational Rehabilitation Services with a midterm progress report from each of my instructors and a transcript for each and all semesters that I am enrolled at Central Carolina Community College.

This information will be used to evaluate the need for consultation or other specialized services needed to help me maintain the 2.0 GPA required for continued financial support from Vocational Rehabilitation Services.

I understand that my records are protected under confidentiality legislation, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I understand I may revoke this consent at any time except to the extent that action has been taken. This authority expires with the completion of all transactions related to services provided by Central Carolina Community College unless otherwise specified.

Signature of Student

Date

Address

Telephone Number

City

State

Zip

Social Security Number

Send transcript to:

