



Special Populations Office

Consent to Release Accommodation Information To External Parties

Please list the **external parties** to which you are legally permitting to be sent a copy of your accommodation information from Central Carolina Community College. Standard documentation includes the date range identified with CCCC's Special Populations Office and accommodations received. Additional information requests must be specified in the Special Requests section of this form and will be reviewed on a case-by-case basis. If you want documentation sent only to you, include only your contact information in the Agency #1 line below. File transfer preference: E-mail Fax Mail

I, _____, Student ID # _____ authorize Central Carolina Community College's Special Populations Office to copy and send my disability accommodation documentation to the entities selected below:

Agency #1: _____ Contact _____
Address _____
Fax _____ E-mail _____ Phone _____

Agency #2: _____ Contact _____
Address _____
Fax _____ E-mail _____ Phone _____

Agency #3: _____ Contact _____
Address _____
Fax _____ E-mail _____ Phone _____

Special Requests:

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 the Special Populations Office at Central Carolina Community College.

Student's Signature: _____ Date: _____

Special Populations' Signature: _____ Date: _____