

**EGCC DISABILITY SERVICES (DS)
RELEASE AND EXCHANGE OF INFORMATION**

The EGCC Office of Disability Services (DS) treats all information and documentation obtained to verify and support a disability and plan for appropriate services as well as all documentation and information for Disability Services (DS) as strictly confidential. However, it will be necessary, with the express permission of the student and/or his parents/guardians (as applicable) for faculty and staff at the Office of Disability Services (DS) to exchange information relating to the student's disability and education in order to provide a successful personalized program.

Name of Student and EGCC Email: _____

I hereby give my permission for the Office of Disability Services (DS) program to receive and/or exchange documentation and information about me with the following persons, agencies, or offices:

- Disability Services, EGCC
- School District(s): _____
- EGCC Office of Admissions
- EGCC Office of Financial Aid
- EGCC Student Activities and Tutoring
- EGCC Course Instructors & Program Directors
- EGCC Online Services Office
- EGCC College Credit Plus Program
- EGCC Ed Coaches and Job Coaches
- Internship Supervisors
- EGCC Registrar's Office
- County/State Board of Developmental Disabilities
- Offices of Opportunities of Ohioans with Disabilities
- TRIO SSS
- Other: _____

This Release of Information can be terminated by me at any time, or expires at the end of the **2019-2020 School Year**. I also acknowledge that as an adult student, EGCC Center for Inclusive Education (CIE) and Disability Services (DS) cannot communicate with my parents unless I sign a Family Education Rights and Privacy Act (FERPA) waiver once I am admitted into the program.

Student Signature & Date: _____

Parent/Guardian (only if student is a minor or under a legal guardianship)
Signature & Date: _____