



Office of Disability Services

Permission to discuss information with Family and Friends

Please submit this request via email to disabilityservices.egcc.edu

I _____ give permission for EGCC Office of Disability Services to verbally, telephonically or electronically share information that I have checked with the individuals identified below.

- 1. Application information _____
- 2. Enrollment information _____
- 3. Academic status/progress _____
- 4. Coursework _____
- 5. Financial Aid/Tuition _____
- 6. TRIO SSS _____
- 7. Other _____

I give my permission to share the information above with the following individuals/organizations:

Name _____
Address _____

Phone _____ Email _____

Name _____
Address _____

Phone _____ Email _____

I understand that I have the right to revoke my permission at any time except where EGCC Office of Disability Services has already made disclosures in reliance on this request. I understand that this permission s remains in effect until the time I revoke it in writing.

Signature of Student _____ Date _____