

AUTHORIZATION FOR  
RELEASE OF CONFIDENTIAL INFORMATION

Dear \_\_\_\_\_

I, \_\_\_\_\_, the undersigned, do hereby give my permission for the release of information in your possession which attests to the existence of a severe and chronic disabling condition to Disability Services at Durham Technical Community College. The said condition may impede attainment of educational goals unless support services are provided. The authorized release of information is to include assessment information as indicated by the Disability Services Documentation Guidelines.

I understand that this information is protected under the Federal Confidentiality Regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time.

Please mail or fax the requested information to:

Disability Services Coordinator  
Counseling and Student Development  
Durham Technical Community College  
1637 Lawson Street  
Durham, North Carolina 27703  
FAX: 919-686-3742

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date