



Information Release

Permission to Collect Information

I authorize OSD to collect disability information needed to determine and provide appropriate accommodations. This information is confidential as mandated by federal and state law.

I understand that I may revoke this consent in writing at any time, but may not act to revoke consent retroactively. This release expires when I am no longer a registered student and/or one year from the date of the signature, whichever comes first.

Print Name

Student ID#

Signature of Student

Date

Permission to Disclose Information

I authorize OSD to disclose information regarding my disability and accommodation needs to instructors, sponsoring agencies, and any individuals directly involved with my educational plan. Release of information to any other party is only permitted with my written authorization.

I release OSD from all legal responsibility and liability arising from disclosure of information based upon this signed release.

I understand that I may revoke this consent in writing at any time, but may not act to revoke consent retroactively. This release expires when I am no longer a registered student and/or one year from the date of the signature, whichever comes first.

Signature of Student

Date

Student ID # _____

Witnessed by
ACC Staff: _____

Received date: _____