



## Release and Exchange of Information

## STUDENT INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Middle Initial \_\_\_\_\_ Date of Birth \_\_\_\_\_

Student ID \_\_\_\_\_ Year in school at NCC \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## RELEASE AND EXCHANGE OF INFORMATION

I, \_\_\_\_\_, authorize Student Disability Services at North Central College, 30 North Brainard Street, Naperville IL 60540 to secure information from \_\_\_\_\_ (provider listed below), for the purpose of gaining information about my disability to support the interactive process to determine reasonable academic and housing accommodations. This release and exchange of information form also affords Student Disability Services and the provider listed the ability to exchange information and consult in the service of clarifying accommodation needs.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

## PROVIDER INFORMATION

Provider's Name \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ or Website \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

The signature below grants permission for staff of Student Disability Services at North Central College to release and exchange information with the provider listed above. Authorization for the release and exchange of information is provided on an ongoing basis and will remain valid for one year following the date the release and exchange form is signed. Any personal health/disability information or other information released to Student Disability Services will be considered to be an

educational record and is protected by the privacy rules established by the federal Family Educational Rights and Privacy Act (FERPA). Information can only be shared with officials of North Central College with a legitimate need to know.

I understand I have the right to refuse to sign this form, and that I may revoke my consent in writing at any time, except to the extent that the information has already been released. I understand the information provided to Student Disability Services is protected by the privacy rules established by FERPA and my records can only be shared with campus officials with a legitimate need to know.

Student Printed Name \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

#### ATTESTATION OF TRUTHFULNESS

By signing below, I certify all information is true and accurate to the best of my knowledge.

- I have signed a release of information with the provider listed above allowing information about my disability to be released to Student Disability Services at North Central College. (This form is completed through your provider).
- I was diagnosed and/or I am currently being treated by the provider listed on this form for the health condition stated on verification documentation provided.
- The provider listed above is not a family member and/or does not have a conflict of interest that would make it unethical to complete disability verification provided to Student Disability Services.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_