



By checking this box, I certify that DRC employees are not authorized to speak to anyone about my disability. (Please sign the bottom of the form)

Disability Resource Center Release of Information Contact List

It might be necessary to talk with doctors, therapists, counselors, family members, or other individuals who are familiar with your disability. In order to do so, we need your written permission. Please list the individuals with whom we may speak:

Student Name:

Please include name and contact information for each field.

Emergency contact (Specify):

Medical doctor:

Psychologist/Therapist:

Vocational Rehabilitation/Veterans Counselor:

Family Member (Specify):

Other (Specify):

PLEASE READ AND SIGN

I authorize the DRC to receive, discuss, and seek clarification regarding my disability, limitations, medications and related medical information as well as the accommodations and services provided by SLCC with the individuals listed above. I understand that authorizations for the individuals listed above are valid during my enrollment at the college but may be terminated by me, at any time, through a written notice to the DRC. I also understand that the DRC will keep all information confidential and will share information with college representatives only on a specific, need-to-know basis as allowed under ADA.

Student Name (Print):

Student Signature:

Date: