



P.O. Box 2327 Elizabeth City, NC 27906-2327

## Accessibility Services

Phone: 252-335-0821 ext. 2256

Fax: 252-335-2011

Email: [accessibility@albemarle.edu](mailto:accessibility@albemarle.edu)

Consent for Release of Confidential Information  
(to be completed and signed by student)

\_\_\_\_\_  
Service Provider: Agency, Physician, Psychologist, School or Institution  
Address, City, State, Zip Code

\_\_\_\_\_  
Telephone Number

Is authorized to disclose to Accessibility Services at College of the Albemarle all information necessary to document the need for accommodations. Please check all items that are appropriate.

\_\_\_\_ Diagnosis      \_\_\_\_ Audiogram      \_\_\_\_ Visual Assessment      \_\_\_\_ Medical Assessment  
\_\_\_\_ Psychological Evaluation      \_\_\_\_ Vocational Evaluation      \_\_\_\_ Psycho-educational Evaluation  
\_\_\_\_ Individualized Education Plan (IEP)      \_\_\_\_ All Documents      \_\_\_\_ Other: \_\_\_\_\_

**The above information will be used to verify the need for specialized services to plan and implement appropriate accommodations that will provide equal access to College of the Albemarle programs and facilities. The use or release of this information is limited to purposes directly connected with the administration of Accessibility Services.**

\_\_\_\_\_  
Name of Student (Please print)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Social Security Number

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

\_\_\_\_\_  
Date

**Student:** Forward this form to the appropriate service provider

**Service Provider:** Return completed form and information to the above address or fax number,  
Attention: Coordinator, Accessibility Services