College of The Albemarle
P.O. Box 2327* Elizabeth City, NC 27906-2327
Fax: 252-335-2011

Disability Support Services
Brandi Zielger · 252-335-0821 ext. 2277 · brandi_ziegler92@albemarle.edu

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

_____ _____ _____
Service Provider: Agency, Physician, Psychologist, School, or Institution Telephone Number
Address, City, State, Zip Code

is authorized to disclose to Disability Services at College of The Albemarle all information necessary to document the need for disability services. Please check all items that are appropriate.

____	Diagnosis	____	Audiogram
____	Visual Assessment	____	Medical Assessment
____	Psychological Evaluation	____	Vocational Evaluation
____	Psycho-educational Evaluation	____	Other _____All Documentation_____
____	Individualized Education Plan (IEP)	_____	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 Disability 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, Special Populations.