

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

Accessibility Services

Phone: 252-335-0821 ext. 2277

Fax: 252-335-2011

Email: accessibility@albemarle.edu

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

Service Provider: Agency, Physician, Psychologist, School or InstitutionTelephone NumberAddress, City, State, Zip Code

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