



## Consent for Release of Confidential Information

**Service Provider:** \_\_\_\_\_

Name/Agency

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

is authorized to release to The Accessibility Services Office at Piedmont Community College all information necessary to document the need for accessibility services. **Documentation should include the following information:** specific diagnosis(es), date of examination/assessment/evaluation, limitations in function or performance in activities (i.e., mobility, self-care, note-taking, laboratory assignments, testing), and suggestions for accommodations.

This document will be used to determine eligibility to implement appropriate accommodations. The use of this information is limited to purposes directly connected with the Accessibility Services Office.

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

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone

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

\_\_\_\_\_  
Date

**Student:** Forward this form to the agency that has your disability documentation.

**Service Provider:** Return completed and appropriate documentation to the address or fax number below (Attention: The Accessibility Services Office)

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