



# Nashua Community College

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## PERMISSION TO RELEASE and EXCHANGE INFORMATION TO Nashua Community College Disability Services Coordinator

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

Student ID # \_\_\_\_\_ Date of Birth \_\_\_\_\_

I give Nashua Community College Disability Services Coordinator my permission, to discuss pertinent educational, psychological, and/or medical records for the purpose of providing disability support services at NCC. This includes contact by e-mail, fax, and telephone. A copy of the permission shall have the same force as the original.

I give permission for information to be released TO and FROM the following:		
Name of person	Relationship or Agency	Contact Information

\*You can include parents, siblings, significant others, doctors, counselors, Voc Rehab counselors, etc. Whom you include is up to you.

\_\_\_\_\_ I did not fill out the above because I DO NOT give permission for information to be shared/exchanged with any outside persons/agencies for the purpose of providing disability support services.

**Note: I understand and agree that the information will be released effective until the NCC Disability Services Coordinator has received written notice to revoke this form.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_