



Nashua Community College

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PERMISSION TO RELEASE and EXCHANGE INFORMATION with NCC 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, telephone, and in person.

A copy of the Permission to Release & Exchange Information 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. It's your decision who you include on this list.

_____ I choose NOT to complete 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.

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.

NOTE: You can revise the **PERMISSION TO RELEASE and EXCHANGE INFORMATION** form at any time by submitting an updated, signed form. Terms are effective upon date received by NCC Disabilities Services Office.

Signature: _____ Date: _____