



Accessibility Services Consent to Release Information Form

While the Director of Student Services and External Relations will not release specific information about a disability, he/she will verify that the appropriate disability documentation is on file and share with the faculty/staff the reasonable accommodations.

I authorize the Director of Student Services and External Relations to share, as needed, more specific detailed information regarding my disability with Trinity College of Nursing & Health Sciences personnel who have a legitimate need to know in order to provide appropriate accommodations.

This may include: **Faculty, Academic Advisors, Dean of Nursing and Health Sciences, Program Coordinators**, or others whose response to my request for accommodations may require knowledge regarding my disability.

Initial: _____

I authorize the Director of Student Services and External Relations to discuss my disability, accommodations, and general progress with

Parents or Guardians (list names): _____

Initial: _____

I authorize the Director of Student Services and External Relations to discuss information regarding my disability, accommodations, and general progress with

Community Agency/Persons: _____

Initial: _____

I understand that I can amend, change or cancel any or all parts of this release at any time through written notice with the Director of Student Services and External Relations.

Student Signature Date

Print Name

Director of Student Services and External Relations Signature Date