



## 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