Print Form

PANOLA COLLEGE
EST 1947
1109 West Panola
Carthage, Texas 75633

CONSENT TO OBTAIN AND/OR RELEASE STUDENT RECORDS AND INFORMATION THROUGH DISABILITIY SUPPORT SERVICES OFFICE

This form represents your written consent to obtain, release or exchange educational records and information through the Disability Support Services office from/to the specific individual(s) identified below. Please read this document carefully, fill in all blanks and initial where indicated as to which items may be disclosed.

I, Name (First, Last): _____ Panola College ID #: _____

Street Address/Residence Hall: _____ Phone Number: _____

City, State, Zip Code: _____

Give my consent to:

Disability Support Services
1109 W. Panola St.
Carthage, TX 75633
(903) 693-2046

to release to _____ /obtain from _____/exchange with_____ (initial one):

Name (First, Last): _____

Street Address/PO Box/Agency/Dept. _____

City, State, Zip Code: _____

Phone Number: _____

I give my consent to release the following information (initial all that apply):

_____ Documentation of the student's disability
_____ Letter describing the academic accommodations
_____ Verbal reports
_____ Other (please be specific): _____

The purpose of releasing this information is: _____
(Indicate purpose of disclosure: i.e., communication with parents, providing documentation to another institution.)

I understand that under the Federal Education Rights and Privacy Act of 1974, no disclosure of my records can be made without my consent unless otherwise provided for in legal statutes and judicial decisions. I want this consent to expire (initial one only):

_____ Sixty (60) days from the date below consenting this release, or the end of the semester, whichever occurs last.
_____ Six (6) months from the date below or six (6) months after termination of services, whichever occurs last.
_____ On the day the record is destroyed, which is at the end of the 5th academic year after my last contact with Disability Support Services.

Requests for Release by Fax: Fax machines may be located in unsecured areas and consequently your privacy could be compromised. If you are confident that the individual to whom this information would be transmitted is the individual or his/her representative who will retrieve the transmissions, signify authorization by initialing here _____, and provide the fax number (___)_____.

Signature of Student	Date
Signature of DSS Staff Member	Date

Panola College is an Equal Opportunity Institution that provides educational and employment opportunities on the basis of merit and without discrimination because of race, color, religion, sex, age, national origin, veteran status, disability or genetic information.