

I, \_\_\_\_\_, authorize representatives from disAbility Access Services at Guilford Technical Community College to release and/or obtain information relevant to the impact of my disability with other professionals (on and off campus). I understand that this information is necessary to establish eligibility and will be used to plan and implement appropriate accommodations that will provide equal access to Guilford Technical Community College facilities and programs.

- I have been informed that signing this form is voluntary.
- I understand that this authorization will remain in effect during my **enrollment** at Guilford Technical Community College or until revoked in writing by me.
- I understand that I have access to my educational information (i.e., Grades, Transcript, Financial, etc.) via my Titan Cruiser/Web Advisor account. Therefore, it is my choice to share this information with whom ever I choose. DAS staff will not share this information with any individual, other than you (the student), for any reason.
- Disclosure of student information pertaining to disability and/or accommodations and services may be made under the following circumstances:

The individual making the request has a "legitimate educational interest."  
You (the student) has requested that we (DAS) have permission to share information with a specific person/agency/professional. (see list below)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Disability Services Office Counselor's Signature**

\_\_\_\_\_  
**Date**