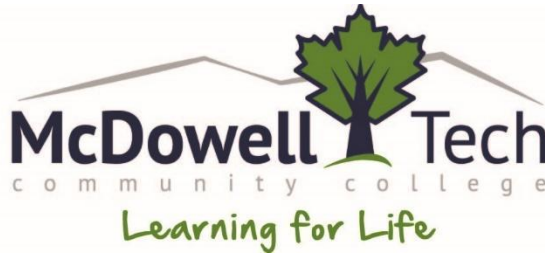


CONSENT FOR RELEASE  
OF NON-DIRECTORY INFORMATION

**CONFIDENTIAL**

Return this form to Accessibility Services.



**OFFICE OF ACCESSIBILITY SERVICES**

McDowell Technical Community College is committed to compliance with the Americans with Disabilities Act (1990), Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Amendments Act (2008). FERPA (Family Educational Rights and Privacy Act) is a federal statute that precludes McDowell Technical Community College from providing student record information to anyone but the student without the student's written authorization.

By completing this form, I hereby authorize McDowell Technical Community College's Accessibility Coordinator to release/disclose my student record to the person(s)/organization named below. This includes (but is not limited to) disability accommodations, course schedules, advising, etc. I understand the individuals below must provide my student ID# and birthdate to conduct any College business on my behalf, and it is my responsibility to provide this information to them. This release is in effect from the date signed until I submit a request revising or revoking the release of information.

I \_\_\_\_\_ grant permission to the Accessibility Coordinator at McDowell  
Student's Name (Please Print)

Technical Community College to release non-directory information to: (list individuals below)

**Individual:**

**Relationship:**

_____	_____
_____	_____
_____	_____

This permission remains in effect until I cancel by notifying the Student Services Office in writing.

**Check only if you currently have a Consent for Release of Non-Directory Information on file.**

I, the undersigned, do rescind prior authorization given to the third parties for the release of information.

I understand that this release will expire with the completion of transactions related to services provided by McDowell Technical Community College.

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Signature of student

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date

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Signature of Accessibility Office Witness

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date