



Disability Support Services Center
Liberty Campus, Main Bldg. 023
(410) 462-8585 /PH (410) 462-8556 /FAX (410) 462-8584 /TTY

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

I, _____ the undersigned, consent to and request all appropriate persons and/or agencies or institutions to release information regarding myself to Baltimore City Community College for use in educational/vocational planning. All information will be kept confidential and maintained as part of my records with the Disability Support Services Center. I authorize the release of information to include one or more of the following records:

- **Medical Reports**
- **Learning Disability Assessment Reports**
- **Psychiatric Evaluation Results**
- **Vocational Rehabilitation Plan**
- **Audiology and Speech/Language Pathology Reports**
- **Other** _____

I further give permission for the Disability Support Services Center to discuss my educational situation with other professionals who have a legitimate educational need to know. I understand that at any time, through written notice, I can amend, change, or cancel this agreement with Disability Support Services Center.

Student Signature: _____

Student ID #: _____

Date: _____

I have reviewed this agreement with the student and witnessed the student's signature above.

Disability Support Services Center Staff: _____