

Communication Permission Form

Student Name: _____ Today's Date: _____

Phone / Voice Mail

Your information is protected. In order for Disability Services to leave detailed messages containing specific information on a voice mail or answering machine, we need to be given permission for us to do so.

Main Phone: _____

Secondary Phone: _____

Is this a cell phone?

Yes No

Is this a cell phone?

Yes No

Ok to Call?

Yes No

Ok to Call?

Yes No

Ok to Leave a Message?

Yes No

Ok to Leave a Message?

Yes No

Signature: _____

e-Mail

I understand that if I choose to communicate with my counselor through e-mail there exist some inherent risk to confidentiality. Lewis-Clark State College, Disability Services, cannot guarantee that the information exchanged via e-mail will remain confidential. If I contact Disability Services through e-mail, regarding appointments or other issues related to confidential counseling services, I am accepting this risk to my right to confidentiality.

Knowing this risk, I give my permission to contact me via my LCmail (@lcmal.lcsc.edu) email address. Yes No

Signature: _____

Social Media / Social Networking

The office of Disability Services **does not** communicate through any social networking site.

FOR OFFICE USE ONLY

Disability Services Staff (Full Name): _____

Staff Signature: _____

Date Reviewed: _____

Notes as Needed

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