



Authorization

I, _____, authorize Lewis-Clark State College Accessibility Services to communicate with my instructors about my disability, accommodations, and barriers on a “need-to-know” basis.

Release of Information

In order for Accessibility Services to assign academic accommodations, our office will need access to your academic records. All academic records will be treated confidentially and in a professional manner. If you have any questions, please feel free to speak with a member of the Accessibility Services staff.

For reporting purposes, information about student accommodations may be shared with other LC State staff on a “need-to-know” basis. Information shared could include the students name and or if they received accommodations from our office. A students specific medical information and/or diagnosis will never be released.

I understand that this release of information will remain in effect until it is revoked by me. I may revoke this consent at any time with a written statement given to Accessibility Services, Lewis-Clark State College.

Signature _____

Today's Date _____

FOR OFFICE USE ONLY

Notes as Needed: