



**ACCESSIBILITY SERVICES**

**GENERAL RELEASE OF INFORMATION**

I, \_\_\_\_\_ give permission to Accessibility Services, Lewis-Clark State College, to receive and/or provide information in either written or verbal form to those listed below about my Accessibility file. This information is for the purpose of assisting parents, support teams, LC State staff, or others listed, in understanding my documented disabilities and accommodations to help me achieve academic success.

The parent(s)/person(s) or agency(cies) that have permission to receive and/or provide LC State Accessibility Services student file information:

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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 student’s 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.

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Student Signature Date

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Print Name of Student