



**ACCESSIBILITY SERVICES**

**RELEASE OF INFORMATION**

I, \_\_\_\_\_ give permission to Accessibility Services, Lewis-Clark State College, to receive and/or dispense information in either written or verbal form. This information is for the purpose of assisting the staff in understanding my disabilities and abilities and to help me achieve academic success.

The person(s) or agency (cies) that will be contacted:

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This information will be shared only with other professionals on a “need-to-know” basis, and only with the written permission of the student.

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

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Staff Signature Date