

## Clark College Disability Support Services Release of Information

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Disability Support Services (DSS) is committed to protecting the confidentiality of individuals served through the office. DSS records will not be disclosed to others unless there is written permission to do so, or unless the law authorizes or compels us to do so. The purpose of this form is to guide DSS staff members in communicating with others regarding disability documentation, academic adjustments, and/or auxiliary aids.

Please indicate on this form, by placing your initials next to any person or group of people below, with whom you give DSS permission to release information to or receive information from regarding your disability, documentation of your disability, academic adjustments, auxiliary aids, and/or academic progress.

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|---|--|
| _____ Current or future quarter faculty | _____ Dept. of Vocational Rehabilitation |
| _____ Admissions/Registration           | _____ Dept. of Services for the Blind    |
| _____ Financial Aid/Veterans            | _____ Sponsored Programs                 |
| _____ Health Services/Security          | _____ Columbia River Mental Health       |
| _____ Tutoring Center, Writing Center   | _____ Math Lab                           |

\_\_\_\_\_ Other \_\_\_\_\_

### Specific Authorizations

**Drug and Alcohol:** I understand that my records may contain information regarding diagnosis or treatment for drug or alcohol abuse. I give my specific authorization for these records to be released. **Initial** \_\_\_\_\_

**AIDS/HIV:** I understand that my records may contain information regarding testing, diagnosis, or treatment of AIDS/HIV, or of sexually transmitted diseases. I give my specific authorization for these records to be released. **Initial** \_\_\_\_\_

I understand that I may cancel this authorization at any time, except to the extent that action has already been taken. Unless cancelled earlier by me, this authorization will expire two years from date of signature below. A facsimile of this form will be considered valid.

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Signature

Date

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Print name

Clark College student ID number