



Fayetteville Technical Community College

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

I authorize Fayetteville Technical Community College Special Populations to discuss the following:

- The nature of my disability.
- The particulars of my academic progress.
- Other selected appropriate information deemed necessary to plan and implement appropriate accommodations that will provide equal access to Fayetteville Technical Community College facilities and programs.

Please select Yes or No and list the appropriate person's name and relationship

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Parents/Spouse/Other: _____
<input type="checkbox"/>	<input type="checkbox"/>	FTCC Faculty/Staff: _____
<input type="checkbox"/>	<input type="checkbox"/>	Agency Counselors: _____
<input type="checkbox"/>	<input type="checkbox"/>	Name of Agency: _____
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____

CONSENT TO SHARE INFORMATION

I understand that my records are protected under confidentiality legislation and cannot be shown without my written consent unless otherwise provided for in the regulations. I understand that I may revoke this consent at any time except to the extent that action has been taken. This authority expires with the completion of all transactions related to services provided by Fayetteville Technical Community College Special Populations.

Student: _____ Datatel ID: _____
Please Print Clearly

Signature: _____ Date: _____