

**Student Success Center-Piedmont Technical College  
Student Disabilities Services**

## Consent to Release Information

I, \_\_\_\_\_, give my permission to Piedmont Technical College's Student Disability Service staff to discuss my:  
(Please check all that apply)

- Academic program
- Class schedule
- Disability
- Academic accommodations

***Please put your initials on the line next to groups whom you are willing to grant permission for the Disability Service Counselor to talk with.***

- Faculty members both past and present
- Current faculty members only
- Academic advisors, counselors, and department heads
- Administrators within the college who have a legitimate interest in appropriate accommodations related to my disability.
- My parent(s) or guardian(s): (list by name) \_\_\_\_\_
- Tutoring Center Staff
- Other (please list) \_\_\_\_\_

I understand and agree that in order to receive services, I need to notify Student Disability Services two weeks prior to class each semester.

I understand and I agree to the statements listed above. I understand that I can amend, change, or cancel this agreement at any time through a written notice to the Disability Service counselor located in the Student Success Center in room 101-A.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have reviewed this agreement with the student and witnessed the student's signature.

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Piedmont Technical College does not discriminate in recruitment, admission, educational services or employment on the basis of race, sex, national or ethnic origin, age, religion or disability.