



**DISABILITY RESOURCES
CONSENT FORM TO DISCLOSE INFORMATION**

To comply with the provisions of the Family Educational Rights and Privacy Act of 1974, an institution must obtain signed consent before it can release student information to a third party.

I, _____, hereby authorize the following CTC administrator(s) and/or faculty member(s) to release or obtain specific information pertaining to academic progress, academic records, psychoeducational information, test or assessment results, class attendance, observed work ethics, or related information to/from the following person(s):

Name _____ Relationship _____

Name _____ Relationship _____

The purpose or need to disclose this information is _____

The specific information to be released includes _____

In addition to the student's instructors each quarter, the names and titles of the following CTC faculty and/or administrators are given permission to release the aforementioned information.

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

I understand that as an adult student, I may revoke this consent, in writing, at any time to the parties listed above, except to the extent that any previous action has been undertaken, or information released/obtained from another agency. I understand that all information released is specifically indicated and will be released only to individuals named on this form. All other information remains confidential.

Student Signature

Date