



**AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION TO OTHER AGENCIES**

Student: \_\_\_\_\_ ID #: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason for request: \_\_\_\_\_

In signing this statement, I hereby authorize the release of information by Student Support Services, described as follows:

- Disability records/accommodations
- Other: \_\_\_\_\_

To the following agency/institution:

RCLD or

Other Agency/Institution: \_\_\_\_\_

Name: Dept/Contact: \_\_\_\_\_

Fax: \_\_\_\_\_ Phone: \_\_\_\_\_

I understand this allows information to be supplied for the purpose of making a referral for services. I understand sharing this information is only to substantiate the need for services by another agency. I understand this authorization remains in effect for each term that I am a student at Georgia Highlands College unless I revoke it in writing.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date