



Release of Information Form  
Disability Support Services

North Dakota State College of Science, 800 Sixth Street North, Wahpeton, ND 58076-0002

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

NAID number: \_\_\_\_\_

Social Security number: \_\_\_\_\_

A. I hereby consent to the release and /or exchange of information concerning my disability and education progress with my instructors at North Dakota State College of Science.

\_\_\_\_\_ yes \_\_\_\_\_ no

B. I hereby consent to the release and/or exchange of educational information with my parents.

\_\_\_\_\_ yes \_\_\_\_\_ no

C. I hereby consent to the release and/or exchange of information concerning my disability and educational progress with Counseling Staff at North Dakota State College of Science.

\_\_\_\_\_ yes \_\_\_\_\_ no

D. I hereby consent to the release and/or exchange of all pertinent medical, psychological and educational information with my funding agency (example: Voc. Rehab., Job Service, CorVel. etc.)

\_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ Not Applicable

Name of funding agency:

\_\_\_\_\_

\_\_\_\_\_  
Student's Signature (1st Year)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature (2nd year)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature (3rd Year)

\_\_\_\_\_  
Date

Disability Support Services agrees to keep information and records concerning my disability confidential in compliance with the Family Rights and Privacy Act, North Dakota state statutes and the professional and ethical standards of the Association of Higher Education and Disability.

While Disability Support Services staff will not release documentation nor reveal specific details of a student's condition to North Dakota State College of Science faculty or staff, they will verify that the documentation is purpose of an accomodation.