Student Need for Accommodation Consent for Release of Information

The Office of Student Disability and Support Services at New River Community and Technical College views you and your instructors as members of a team whose goal is to help you to be academically successful. With your permission, faculty teaching the courses in which you are enrolled each semester will be informed of your disability and the reasonable accommodations they are required to make in the classroom. They are notified that such information is confidential, and that necessary questions about the disability or accommodations must be addressed through this office.

This form asks your permission for the Office of Student Disability and Support Services to share information about your disability to your instructors. If you are under the age of 18, your parent or legal guardian must sign this form.

Student Name (printed): ____________________________________________
Student ID #: ____________________________________________

I consent to having information about my disability and any recommended accommodations sent to my instructors, as needed.
Signature: _______________________________________________________

Signature of parent (if student is under 18): _______________________________

I consent to having my instructors informed that I have a verifiable disability and need accommodation, but prefer not to disclose information about the disability.
Signature: _______________________________________________________

Signature of parent (if student is under 18): _______________________________

I prefer NOT to have my instructors informed about my disability. I understand this will prevent New River Community and Technical College from supplying classroom accommodations.
Signature: _______________________________________________________

Signature of parent (if student is under 18): _______________________________

*While attending New River Community and Technical College, I give the Office of Student Disability and Support Services permission to discuss any of my academic or disability information with my parents and/or guardian.*

Signature: _______________________________________________________

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