



Disability Resource Center

CONSENT TO SHARE INFORMATION

I, _____ ID # _____

Authorize the Disability Resource Center to discuss, seek clarification, and share information with the following individuals that has legitimate interest in my education.

Name	Relationship	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Authorizations to the individuals listed above are valid and may be terminated by me at any time, through a written request to the DRC Coordinator. Consent is not necessary if information is needed in connection with health, safety or emergency to protect the student or others.

Signature

Date