Dear __________________________________________,

I, _________________________________, the undersigned, do hereby give my permission for the release of information in your possession which attests to the existence of a severe and chronic disabling condition to Student Disability Services at North Carolina Central University. The said condition may impede attainment of educational goals unless support services are provided. The authorized release of information is to include assessment information as indicated by the Student Disability Services Documentation Guidelines.

I understand that this information is protected under the Federal Confidentiality Regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time.

Please mail or fax the requested information to:

Student Disability Services
North Carolina Central University
1801 Fayetteville Street
Suite G20, Office G-18, Student Services Building
Durham, North Carolina 27707
FAX: 919-530-6938

Signed:                  Date: