



AUTHORIZATION FOR RELEASE OF INFORMATION

Date:

Name of Student	Phone Number	Birthdate	
Current Address	City	State	Zip Code
Permanent Address	City	State	Zip Code

Student Release and Signature

1. Hereby Authorize (Name and Address of Person/Agency)

Accessibility Services – Turtle Mountain Community College, Name/ **P.O. Box 340, Belcourt, ND 58316**
Agency Address

To (check one): ☐ release information, ☐ exchange information with _____, receive information from the following person/agency

Name/Agency

Address

2. The above authorization is restricted to the following designated records and communication (check all that apply):

☐ Psychological ☐ Verbal Communication
☐ Educational
☐ 504/Spec Ed ☐ Written Communication
☐ Addiction* ☐ Other (explain: _____)
☐ Medical

3. The information will be used for: (check all that apply)

☐ Determination of eligibility for services
☐ Provision of services/accommodations
☐ Other (explain: _____)
☐ Consultation

4. This release of information consent remains in effect until _____ **and/or graduation from Turtle Mountain Community College** or as otherwise indicated below.

(Specific event terminating operation of the release)

Student Consent

This information is voluntary and remains in effect until the above date or event, unless specifically revoked by written notice to the agency or person. Any information released prior to my written revocation of this authorization shall not be a breach of confidentiality. A photocopy of this release is effective as the original.

Signature of Student

Date

Signature and Position of Accessibility Support Services Staff

Date

*CHECK IF APPLICABLE – NOTICE TO WHOMEVER DISCLOSURE IS MADE CONCERNING ADDICTION RECORDS

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The federal rules prohibit you from making further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person it pertains to or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug use patient.