



GARDEN CITY COMMUNITY COLLEGE

Accommodations Office

Informed Consent for Information Release

I _____ Student ID# _____

hereby authorize the Office of Accommodations to discuss either in writing or orally, my academic adjustments or accommodations with appropriate administrators, instructors, professors, third-party service providers, student

assistants, and other persons deemed necessary by the Office of Accommodations personnel for the purpose of

providing and/or coordinating services for me with Garden City Community College

I would like to **add** the following person(s) to this release: _____

I would like to **exclude** the following person(s) from this release: _____

Student Signature

Date

Phone: _____ Alternate Phone: _____

E-Mail Address: _____

Date of Expiration: _____ (If no date is listed, this release will remain in effect for a period of one year from the date of authorization.)

Garden City Community College verification of student providing authorization by GCCC personnel:

Name: _____ Title: _____ Date: _____