



CENTRAL OREGON
community college

SERVICES FOR STUDENTS WITH DISABILITIES

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Consent to Release Information

I, _____ I.D. Presented _____
(please print student name)

authorize SSD staff to review relevant information from other COCC departments
(i.e. Student Records, Admissions, Academic Departments.)

authorize _____ to forward my official disability documentation
to Jamie Rougeux, SSD Coordinator for Central Oregon Community College.

_____ I give consent for SSD to create a copy of my Documentation and give it to me personally.

I authorize the SSD staff to discuss academic accommodations and specifics of my disability
with the following persons on a "need to know" basis: **Contact Info for Authorized Person/s** _____

Please Initial

- _____ Instructors
- _____ Academic advisors, department chairs, Dean and/or Dean's office staff
- _____ Service providers with legitimate interest in accommodations related to my disability.
- _____ My Parent(s) or Guardian(s): _____
(print authorized name(s))
- _____ Other: _____
(print authorized name(s))

I understand and agree to the provisions listed above. I understand that at any time, through written notice, I can amend, change, or cancel this agreement with SSD. I also understand this ROI is exclusively used by SSD, unless authorized above, it does not grant access to other COCC departments.

Student Signature: _____

Date: _____ Student ID#: _____

I have reviewed this agreement with the student and witnessed the student's signature above.

SSD Coordinator: _____ Date: _____