



Disability Services
Authorization to Disclose Disability Information

I, the undersigned, authorize Mott Community College/Disability Services to release the following information. This authorization will remain in effect until the student submits written notice terminating this consent to the Office of Disability Services.

- Documentation of disability
- Information related to student's Disability Services file
- Other: _____

Student Information:

Name: _____ Date of Birth: _____

Social Security #: XXX – XX - _____

Name of organization/individual to which disclosure is to be made:

Name: _____

Contact Phone Number: _____

Preferred Method of Release:

US Mail Address: _____

Fax Fax Number: _____

Email Email: _____

Student's signature _____ Date _____

* Students wanting to allow a designee to access your education record and conduct business on your behalf should complete Mott Community College's Authorization to Disclose Information form and submit it to the Registrar. The form can be found at the Form Center: http://www.mcc.edu/mcc_form_center.shtml

Date Received: _____	Received By: _____
----------------------	--------------------