

Davidson-Davie Community College

**Office of Accessibility, Counseling, & Health Services
Dual Enrollment Consent to Exchange & Release Records Form**

Student Name

Date of Birth

Student Id Number

Mailing Address

City, State, Zip Code

Telephone Number

Email Address

In order to provide appropriate educational services, it is often necessary for Accessibility, Counseling, and Health Services to discuss information with others. With the understanding that Accessibility, Counseling, and Health Services will exercise professional discretion when disclosing any confidential information, I hereby give permission for Accessibility, Counseling, & Health Services to exchange information relevant to the impact of my disability, concerning my education, as needed. In addition, I hereby authorize Davidson-Davie Community College Office of Accessibility, Counseling, & Health Services to communicate and release requested documentation of services with/to the following the following entities (as they apply to the student):

- Davidson-Davie Faculty/Staff/Administrators
- Secondary School System
- Vocational Rehabilitation
- Mental Health Professionals
- New College/Educational Institutions (For Transferring Students)
- Medical Doctor
- Other Agencies/Professionals: _____

Communication is denoted above may include obtaining and/or releasing student's historical and/or current information regarding assessment, diagnosis needs, recommendations, prior services, academic records, performance, or information that may relate to accommodating student's needs.

I understand that signing this Consent for Exchange of Information and Release Records Form is voluntary and shall remain in effect during my enrollment here at Davidson-Davie, or until it is revoked in writing from me.

Student's Signature

Date

Parent/Guardian Signature

Date

ACHS Staff Signature

Date