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Consent to Release Information

I understand that if a Black Hawk College faculty or staff member is asked to provide a disability-related accommodation, that person may contact Disability Resources & Access for verification of my disability and clarification of appropriate accommodations.

While Disability Resources & Access staff will not release specific documentation about a disability, they will verify that the appropriate disability documentation is on file and share with the faculty/staff the necessary/appropriate accommodations.

I authorize Disability Resources & Access to share more specific detailed information regarding my disability with BHC personnel who have a legitimate need to know in order to provide appropriate accommodations. This may include: Faculty, Academic Advisors, Counselors, Academic Dean, Departmental Chairpersons, College Administrators, or others whose response to my request for accommodations may require knowledge regarding my disability.

Initial _____

I authorize Disability Resources & Access to discuss my disability, accommodations, and general progress with
Parents or Guardians (list names): _____

Initial _____

I authorize Disability Resources & Access to discuss information regarding my disability, accommodations, and general progress with the following
Community Agency/Persons: _____

Initial _____

I understand that I can amend, change or cancel any or all parts of this release at any time through written notice with Disability Resources & Access.

Student Signature: _____

Date: _____

Student ID#: _____

I have reviewed this agreement with the student.

Disability Resources & Access Staff Signature: _____ Date: _____

Black Hawk College will make all educational and personnel decisions without regard to race, color, religion, gender, sexual orientation, marital status, national origin or ancestry age physical or mental disability unrelated to ability, or status as a disabled veteran or Vietnam era veteran, except as specifically exempted by law.