

Disability Services 6600 34th Avenue Moline, Illinois 61265-5899 Phone (309)796-5900 Fax (309)796-5901

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 Services for verification of my disability and clarification of appropriate accommodations.

While Disability Services 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 Services 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, Aca Departmental Chairpersons, College Administrat accommodations may require knowledge regardi Initial	ors, or others whose response to my request for
I authorize Disability Services to discuss my disa process with:	bility, accommodations, and general educational
Parents or Guardians (list names):Initial	
I authorize Disability Services to discuss informa and general educational process with the following Community Agency/Persons (list names):	ng:
I understand that I can amend, change or cancel a written notice with Disability Services.	any or all parts of this release at any time through
Student Signature:	
Student ID#	
I have reviewed this agreement with the student.	
Disability Services Staff Signature:	Date:

Black Hawk College will make all educational 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.