



**Disability Services**  
Piedmont Community College

**Consent for Release of  
Confidential Information**

**Service Provider:** \_\_\_\_\_

Name/Agency

\_\_\_\_\_  
Address City State Zip

is authorized to release to Disability Services at Piedmont Community College all information necessary to document the need for disability services. Documentation should include the following information: specific diagnosis(es), date of examination/assessment/evaluation, limitations in function or performance in activities (i.e., mobility, self-care, note-taking, laboratory assignments, testing), and suggestions for accommodations.

This document will be used to determine eligibility and to implement appropriate accommodations. The use of this information is limited to purposes directly connected with the administration of Disability Services.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Student:** Forward this form to the agency that has your disability documentation.

**Service Provider:** Return completed form and appropriate documentation to the address or fax number below (Attention: Disability Services Coordinator).

Christina Perry  
[christina.perry@piedmontcc.edu](mailto:christina.perry@piedmontcc.edu)  
PO Box 1197, Roxboro, NC 27573  
Phone: 336-322-2243 · Fax: 336-598-9283