

North Carolina Wesleyan College

3400 North Wesleyan Boulevard

Rocky Mount, NC 27803

The Office of Counseling and Disability Services

Student Success Center

252-985-5216

Consent for Release of Confidential Information

I, _____, authorize North Carolina Wesleyan College's Counseling and Disability Services Department to discuss (1) the nature of my disability, (2) the particulars of my academic progress, and/or (3) other selected, appropriate information that is deemed necessary to plan and implement appropriate accommodations that will provide equal access to North Carolina Wesleyan College's facilities and programs.

I provide consent for the following: ***Please initial your choice(s)***

	Yes	No
Parents	_____	_____
NCWC Faculty and Staff	_____	_____
Agency Counselors	_____	_____
Therapist	_____	_____
Other: _____	_____	_____

List the agencies or programs of which you are a client or from which you receive support (e.g., Division of Services for the Blind, Vocational Rehabilitation, and/or Department of Veterans Affairs). Also list Care Providers of which you are a patient (e.g., Family Physician, Specialist, and/or Therapist).

Agency #1:

Name of Agency _____

Mailing Address _____

Telephone Number _____ Name of Counselor _____

Agency #2:

Name of Agency _____

Mailing Address _____

Telephone Number _____ Name of Counselor _____

Agency #3:

Name of Agency _____

Mailing Address _____

Telephone Number _____ Name of Counselor _____

Care Provider #1:

Name of Agency _____

Mailing Address _____

Telephone Number _____ Name of Counselor _____

Care Provider #2:

Name of Agency _____

Mailing Address _____

Telephone Number _____ Name of Counselor _____

Care Provider #3:

Name of Agency _____

Mailing Address _____

Telephone Number _____ Name of Counselor _____

As the person signing this consent, I understand that I am giving my permission to the above-named provider and other named third party for disclosure of confidential records. I also understand that I have the right to revoke this consent, but that my revocation is not effective until delivered in writing to the person who is in possession of my records. A copy of this consent and notation concerning the persons or agencies to which disclosure was made shall be included with my original records. The person who receives the records to which this consent pertains may not disclose them to anyone else without my separate written consent unless such recipient is a provider who makes a disclosure permitted by law.

Name (Signature): _____

Name (Print): _____

Date: _____

Witness: _____

Return the form to PCB 192A or email to mpietryk@ncwc.edu