

Louisburg College
Office of Learning Support and Disability Services (OLSDS)
RELEASE FOR EXCHANGE OF INFORMATION

For the purpose of providing appropriate services and determining reasonable accommodations, it is often necessary for Learning Services to exchange information with others who have a legitimate need to know specific academic and medical information.

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RELEASING RECORDS TO LEARNING SERVICES:

With the understanding that the Learning Services staff will exercise professional discretion, **I hereby give permission for _____ (Name, title & agency) to release information in my confidential _____ (please specify medical, academic, etc) records to:**

Laura Arrington, Director of Learning Services, Louisburg College.

I understand that this confidential information will be maintained by Learning Services staff and stored in a locked, confidential file in the Learning Services Division.

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RELEASING RECORDS FROM LEARNING SERVICES:

With the understanding that the Learning Services staff will exercise professional discretion when releasing any confidential information, **I hereby give permission for members of the staff of Learning Services at Louisburg College to release confidential information _____ (please specify) as needed with:**

Please initial all that apply:

_____ **Academic Dean:** Dr. Rodney Foth
_____ **Dean of Student Life:** Mr. Jason Modlin
_____ **Assistant Dean of Counseling:** Ms. Fonda Daigneault
_____ **Parent(s):** _____

Please List

_____ **Medical Professionals** (Doctors, Psychologists, Psychiatrists):

Please List Name & Title

_____ **Other Agencies** (i.e. Transfer School, Vocational Rehabilitation):

Please List Name, Title, & Agency

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The authorization(s) above shall remain in effect during my enrollment **for the _____ semester** or until revoked in writing.

Date

Student Signature

Date

Witness Signature