



Office of Disability Services & Resources Disclosure Consent Form

Name: _____ A Number: _____

My signature below gives the Office of Disability Services permission to discuss information concerning my educational records, disability services accommodations, or academic needs with the following people:

Name: _____

Relationship: _____ Phone : _____

Name: _____

Relationship: _____ Phone : _____

Name: _____

Relationship: _____ Phone : _____

Name: _____

Relationship: _____ Phone : _____

Signature: _____ **Date:** _____

Comments (For College use only):

It is the policy of the Alabama State Board of Education and Gadsden State Community College, a post-secondary institution under its control, that no person in Alabama shall on the grounds of race, color, disability, sex, religion, creed, national origin, or age be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program, activity, or employment.