

Consent to Release Information

I allow the Center for Accessibility and Neurodiversity of IVCC to use my (check all that apply):

- Name
- Image
- Personal information (city you live in, high school attended, job, marital status, etc...)
- Disability-related information
- Academic information (major, grade point average, clubs membership, honors, etc...)

I give my permission for my image and/or information to be used for displays within the office, within an office newsletter and/or to be used on the IVCC website, under the Center for Accessibility and Neurodiversity pages contained therein to promote the Center's services or highlight personal accomplishments. (initial)

Dated

Print Name

Signature

I allow the Center for Accessibility and Neurodiversity of IVCC to release disability related documentation on file to _____ for the purpose of academic planning or service provision. If there is any information that should NOT be included, please indicate that below.

Dated this _____ **day of** _____, 20____

Print Name

Signature



Print