



Disability Services Office, SC229 | 2740 West Mason St, Green Bay, WI 54303 | 920-498-6904 | Fax: 920-491-3792
disability.services@nwtc.edu

Authorization for Exchange of Information Disability Services Office

This exchange is designed to help arrange accommodations for you while you are taking classes at Northeast Wisconsin Technical College (NWTC).

Client/Student Name: _____ Student ID: _____ Date of Birth: _____

I, _____, hereby authorize the communication and exchange of information between NWTC Disability Services Office and the following (please check all that apply):

- NWTC Faculty/Instructor
- NWTC Advisors
- NWTC Program Dean/Associate Dean
- NWTC Counseling Staff (*Verbal exchange of information only*)
- Other (person and/or agency to be contacted relative to my past or present involvement):

In accordance with this authorization, NWTC Disability Services Office will only exchange information regarding a student's disability or condition that is relevant and necessary to effectively address the student's accommodation request. In some instances, it is not necessary to disclose the student's disability or condition with those indicated herein to effectively address the student's accommodation request.

Revocation Clause:

I understand that I can cancel this authorization at any time, unless action has already been taken based on it. This authorization will remain in effect as long as I am receiving accommodations from the NWTC Disability Services Office. If I want to cancel it, I will need to submit a written request.

Acknowledgment:

I acknowledge that, by signing this form, I read and understand the information above and authorize the NWTC Disability Services Office to disclose sensitive information that is relevant and necessary to effectively address my accommodation request(s) to those third parties indicated herein. I further acknowledge that I may receive a copy of this form upon it being signed and dated.

Student Signature

Date

Witness Signature

Date

Note to Client and Recipient of Information:

This information has been disclosed to the above-named person/organization from records whose confidentiality is protected by WI Statute 51.30, HFS 75.13, and/or Federal Regulation 42 CFR, Part II. These laws prohibit you from making any further disclosure of this information without the specific written consent of the person to whom it pertains or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.