



**Brazosport
College**
Disability Services

CONSENT FOR RELEASE OF INFORMATION

I, _____, give my consent for release of information to the
Student Name *(please print)* Disability Services office at Brazosport College. This information is to be utilized by the Disability Services office to assist in my educational program. Information released should be restricted to my disability. This information will be used to facilitate my college counselor and instructor's ability to assist me in my education.

Additionally, information may be exchanged between the Disability Services office and my rehabilitation counselor *(if applicable)* to further aid me in my educational endeavors at Brazosport College.

Student Signature

Date

Witness

Title of Witness