



Disability Resource Center

Release of Information

I _____, hereby consent and authorize Great Basin College Disability Resource Center to disclose information to:

Name: _____

Address: _____

City: _____ State: _____

Zip: _____ Phone: _____

Fax: _____

Information to be shared (mark all that you would like sent) :

_____ Application for Services with GBC, Disability Resource Center

_____ Documentation of Disability, on file with GBC, Disability Resource Center

_____ Accommodation Memos sent to faculty at GBC

This Authorization shall remain in effect until: _____
(Fill in expiration date)

I understand that I have the right to revoke this authorization, in writing, at any time by sending such written fortification to the GBC, Disability Resource Center, 1500 College Parkway, Elko, NV 89801 or fax to (775)778-9358. I understand that information used or disclosed pursuant to the authorization may not be re-disclosed to entities outside of GBC without my written consent.

Name of Student: _____

Address _____

City: _____ ST: _____ Zip: _____

Phone: _____ E-mail: _____

Student Signature: _____ Date: _____