



**Disability Resource Center**

**Release of Information**

I \_\_\_\_\_, authorize Great Basin College, Disability Resource Center to disclose information to the following Agency/Peron(s):

Name/Agency: \_\_\_\_\_

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)753-2311. 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: \_\_\_\_\_