



**Office of Accessibility Services**

Permission to discuss information with Family and Friends

**Please submit this request via email to [access.egcc.edu](mailto:access.egcc.edu) or fax to 740-266-0814**

I \_\_\_\_\_ give permission for EGCC's Office of Accessibility Services to verbally, telephonically or electronically share information that I have checked with the individuals identified below.

- 1. Application information \_\_\_\_\_
- 2. Enrollment information \_\_\_\_\_
- 3. Academic status/progress \_\_\_\_\_
- 4. Coursework \_\_\_\_\_
- 5. Financial Aid/Tuition \_\_\_\_\_
- 6. TRIO SSS \_\_\_\_\_
- 7. Other \_\_\_\_\_

**I give my permission to share the information above with the following individuals/organizations:**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

I understand that I have the right to revoke my permission at any time except where EGCC's Office of Accessibility Services has already made disclosures in reliance on this request. I understand that this permission s remains in effect until the time I revoke it in writing.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_