

**CONFIDENTIALITY RELEASE
DISABILITY SERVICES**

Johnston Community College
P.O. Box 2350
Smithfield, NC 27577

Phone: (919) 209-2543
TTY: (919) 209-2154
Wilson Bldg, Room C1041A

I, _____, authorize

Johnston Community College's Disability Services Coordinator to disclose to:

_____ necessary Johnston Community College faculty and/or staff _____

the following specific information:

_____ disability information and recommended academic adjustments and/or auxiliary aids _____

I understand that my records are protected under confidentiality regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I understand that I may revoke this consent at any time except to the extent that action has been taken. This authority expires with the completion of all transactions related to services provided by:

Norvel C. Turner III, Disability Services Coordinator
Johnston Community College
P.O. Box 2350
Smithfield, NC 27577

Signature of Client

Date

Signature of Parent, Guardian, or Authorized Representative
(ONLY if student is under the age of 18)

Date