



Lorain County Community College

Office for Special Needs Services

1005 North Abbe Road
Ph. 440.366.4058

Elyria, OH 44035
Fax 440.366.4652

College Center Room 234
OSNS@lorainccc.edu

STUDENT CONSENT FOR RELEASE OF INFORMATION

Date _____

I, _____, give permission to the Office of Special Needs Services and their support staff to share information regarding the nature of my disability. The purpose of this release is to assist in the understanding of my disability and its unique nature, and to support any request for accommodations and special services, which relate to my disability. **Please initial who you are granting us permission to speak with.**

Release of Information to the following:

Student Initials

All Lorain County Community College Instructors

The NORD Center 1.440.233.7232

Name _____

Phone Number _____

Name _____

Phone Number _____

This authorization is valid for as long as I am a student at Lorain County Community College unless I revoke my permission in writing.

Student Signature _____

Student Number _____

Witness Signature _____