NORTHEAST
WI Technical College

Disability Services Office, SC229 | 2740 West Mason St, Green Bay, WI 54303 | 920-498-6904 | Fax: 920-491-3792
disability.services@nwtc.edu

Authorization for Exchange of Information

Disability Services Office

Client/Student Name _____ Date of Birth _____

Student ID _____

I, _____, do here by authorize the exchange of verbal information between **NWTC Disability Services Office** and

☐ NWTC Faculty/Instructor: _____

☐ NWTC Counseling Staff: _____
(Verbal exchange of information only)

☐ NWTC Dean/Associate Dean: _____

☐ NWTC Advisors: _____

☐ Other: _____

Name of Person and Agency to be contacted: _____

Relative to my past or present involvement with the above-named agency or person.

The purpose of this exchange is to facilitate the implementation of accommodations during the semester you are taking classes.

I understand that this authorization is revocable except to the extent that action has been taken in reliance thereon and that this authorization will remain in force until I am no longer receiving accommodations from NWTC Disability Services in order to effectuate the purpose for which it was given.

If I wish to revoke this authorization, I must do so in writing.

I have read the above information. I have had the chance to talk about my questions and concerns, which were answered to my satisfaction. I understand and agree with the above and I have received a copy of this release form.

Student Signature _____ Date _____

Witness Signature _____ Date _____

NOTE TO CLIENT AND RECIPIENT OF INFORMATION: This information has been disclosed to the above-named person/organization from records whose confidentiality is protected by WI Statute 51.30, HFS 75.13 and/or Federal Regulation 42 CFR, Part II. These laws prohibit you from making any further disclosure of this information without the specific written consent of the person whom it pertains or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.