



Vance-Granville  
Community College  
**PERMISSION TO DISCLOSE RECORDS**

I, \_\_\_\_\_, hereby authorize the release and disclosure of my records for use of providing educational accommodations while enrolled at VGCC. These documents will be held in the Office of Accessibility with the Accessibility Coordinator. VGCC is issuing the following document collection in order to accommodate students under the Americans with Disability Act (ADA) and Section 504 of the Rehabilitation Act. The documents requested are to *provide/include the diagnosis* that is covered under the aforementioned laws. I understand I am expected to satisfy the academic standards required by the college and be able to perform the essential course functions without substantially altering the curriculum. Documentation may cover one or more of the following areas:

- |  |   |
|--|---|
| <input type="checkbox"/> Autism                  | <input type="checkbox"/> Deaf and hard of hearing                           |
| <input type="checkbox"/> ADD/ADHD                | <input type="checkbox"/> Medical/ Physical condition permanent or temporary |
| <input type="checkbox"/> Substance abuse         | <input type="checkbox"/> Other, Please list                                 |
| <input type="checkbox"/> Mental health           |   |
| <input type="checkbox"/> Learning disability     |   |
| <input type="checkbox"/> Blind/Visual impairment |   |

Agency/Provider: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

This authorization allows the above individual and/or organization to copy and send records to the authorized VGCC representative to review the records and discuss my condition with said individual and/or organization to determine reasonable accommodations. This authorization encompasses records pertaining to my condition, including “third party records” created by any other individual or organization. I have the right to revoke this authorization in writing at any time, except to the extent that action has already been taken to comply with it.

**Send documents Attention: Office of Accessibility Fax number: 252 738 3256  
VGCC P.O. BOX 917 HENDERSON, NC 27536**

\_\_\_\_\_  
Student Signature Date of Birth Date: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature (If Student is Under Age 18) Date: \_\_\_\_\_ Revised 5/2020