# CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION
## Accommodation and Accessibility Services (AAS)

I, (Student Name) _____ do hereby give permission to the Accommodation and Accessibility Services Coordinator at Big Bend Community College to provide and/or receive pertinent medical, psychological, social, disability or educational information to/from the following persons or agencies:

Please list by name:

_____

_____

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_____

This information may be used to assist in determining and implementing appropriate accommodations, modifications, and/or services.

_____ _____

Student Signature Date

*Revised 8/12/21*