**Office of Accessibility and Student Wellness Center**

**Consent for Exchange of Information**

In order to provide appropriate educational services, it is often necessary for the staff in the Student Wellness Center and the Office of Accessibility to discuss information with others. With the understanding that these staff members will exercise professional discretion when disclosing any confidential information, I hereby give permission for these staff to exchange relevant information, concerning my education, as needed with the following entities:

* RCCC Faculty/Staff/Administrators
* Vocational Rehabilitation
* Mental Health Professionals
* Secondary School System
* Previous College/Educational Institution
* Other Agencies/ Professionals:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that signing this Consent for Exchange of Information Form is voluntary and shall remain in effect during my enrollment here at RCCC, or until it is revoked in writing from me.

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Student’s Signature Date