

Release and Exchange of Information Form

As an adult, students enrolled in The Arc Gateway PALS are protected under HIPAA and FERPA. The Arc Gateway, Inc. will treat and regard all written documentation obtained to verify a disability and plan for appropriate services as confidential. However, it will be necessary for The Arc Gateway PALS personnel to exchange information about you with college faculty and staff and others in order to provide appropriate educational opportunities and experiences on and off campus. This exchange will occur only with written permission, as given by signing below, and with the understanding that only information necessary for the purposes of accommodation and academic progress will be communicated.

Student Name: _____ SSN*: _____ - _____ - _____

I give permission to exchange information about me to the following offices/individuals listed below by **placing a mark or initialing** next to each name:

_____ School District of _____ County

_____ Division of Vocational Rehabilitation

_____ Agency for Persons with Disabilities

_____ Pensacola State College

_____ The Arc Gateway, Inc.

_____ Parent(s)/Caregiver: _____

_____ Other (specify) _____

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____