



Release and Exchange of Information Form

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 in order to provide appropriate educational opportunities and experiences on and off campus. This exchange will occur only with your 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 **initialing** next to each name:

- _____ School District of _____ County
- _____ Division of Vocational Rehabilitation
- _____ Agency for Persons with Disabilities
- _____ Pensacola State College personnel
- _____ The Arc Gateway personnel
- _____ Other (specify) _____

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____