

# Permission to Share Confidential Information

Semester: \_\_\_\_\_

In order to better serve you, the Academic Achievement Center's staff needs permission to exchange information with your instructor(s). **This request needs to be submitted during the first two weeks of class in order to secure the accommodations that are sought.**

If documentation warrants, then accommodations can be arranged for your classes. Self-advocacy on the part of the student is mandatory in order to make certain accommodations are delivered.

One of the goals of the Academic Achievement Center is to coordinate services with the faculty on your behalf. Therefore, we ask for your permission to discuss recommendations determined by your documentation.

\_\_\_\_\_ I would like the AAC Disability Coordinator to inform my instructor(s) about the accommodations I will need for this semester.

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\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

Date \_\_\_\_\_ Phone (H) \_\_\_\_\_ (Cell) \_\_\_\_\_

Address \_\_\_\_\_ E mail \_\_\_\_\_