

Privacy Policy

The policy of this department is to keep the information that you have provided us about your disability private. In general, we will not disclose your personal information. Our effort is to protect your privacy while working to provide you with appropriate services. However, we may disclose your information to college personnel who have a "legitimate educational interest" (*Family Educational Rights and Privacy Act*). This may include college administrators, deans, chairpersons, and instructors who we may contact on your behalf, or who may contact us in regard to you, in order to obtain appropriate accommodations and services for you.

Further, the department may need to disclose information about a student if he or she were to become a risk to themselves or to others.

By signing this release, you acknowledge and accept the above stated privacy policy regarding the protection of your information and the circumstances for its possible release.

I _____, have read or have had read to me the above privacy policy, understand it, and accept it.

Student Signature

Date

Emergency Contact Information

This information will be provided to emergency medical personnel in the event you have a medical emergency here on campus.

Who should we contact in the event of a medical emergency on campus?

Relative or Friend

Phone # _____
Phone # _____

Street Address

City

State

Zip Code

Should we contact your physician? Yes___ No___

Physician's Name

Phone #

Address

City

Preferred Hospital

Signature

Date