



**Counseling and Disability Services**  
 Activity Center – Student Services  
 3200 West C Street  
 Torrington, WY 82240  
 Phone: (307) 532-8238  
 (800) 658-3195  
 FAX: (307) 532-8222  
 wendy.george@ewc.wy.edu

### Consent for Exchange of Information

I, \_\_\_\_\_, do hereby authorize and consent to the exchange of information as noted below between the Eastern Wyoming College Counseling and Disability Services Office and any of the agencies or individuals checked below:

- \_\_\_\_\_ Eastern Wyoming College Faculty and Staff
- \_\_\_\_\_ Public or Private School System: \_\_\_\_\_
- \_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_  
*Name and address of person and agency*

This consent applies to the following information (*check all that apply*):

- \_\_\_\_\_ Supporting documentation to verify the following: (1) existence of an eligible disabling condition under Section 504 of the Rehabilitation Act of 1973 and the American Disabilities Act of 1990 and the ADA Amendments Act of 2008; (2) a current level of skills and abilities; and (3) an indication of appropriate accommodations or adjustments that need to be made in the learning environment.
- \_\_\_\_\_ Relevant school records.
- \_\_\_\_\_ Relevant medical records.
- \_\_\_\_\_ Ongoing written and verbal communication
- \_\_\_\_\_ Other: \_\_\_\_\_

This permission is given for the purpose of gathering documentation to determine eligibility for services and/or to assist with disability services or educational planning.

I understand that this consent can be revoked by me at any time in writing, except to the extent that action has been taken in reliance on it by Eastern Wyoming College Counseling Center. This consent, unless expressly revoked earlier in writing, expires one year after the signature date.

I hereby state that I have read and fully understand the above statements as they apply to me. I voluntarily authorize this release.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_