



**NORTH SEATTLE
COLLEGE**

One of the Seattle Colleges

Disability Services
College Center Bldg, 2nd Floor
9600 College Way North
Seattle, Washington 98103-3599
(206) 934-3697

**AUTHORIZATION FOR RELEASE OF INFORMATION
(Optional)**

I _____ hereby authorize North Seattle
(First and Last Name) (ctcLink ID)

College's Disability Services office to provide the below indicated individual(s) or institutional department with the following documents (Please check all that apply).

- Medical Documentation
- Accommodation Documentation

Name of individual(s) or institutional department:
Address:
City, State, Zip:
Phone:
Fax:
Email:

For the purpose of: _____

Read before signing:

The NSC Disability Services office providing this information is hereby released from all legal responsibility or liability for the release of the above-mentioned information. I understand that this release document will remain active for any continued release requests until I explicitly request that it be voided. I acknowledge that my request to void this release will need to be in the form of a written, dated, and signed document submitted to the NSC Disability Services office.

Student Signature: _____ Date: _____