

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 provid the following documents (Please check all tha		al(s) or institutional department with
☐ 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 the liability for the release of the above-mentioned active for any continued release requests until I void this release will need to be in the form of a Disability Services office.	information. I understand that the explicitly request that it be void	his release document will remain led. I acknowledge that my request to
Student Signature:	Γ	Date:

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