



# Disability Resources

*The Dalles, 400 E. Scenic Drive, The Dalles, OR 97058*  
*Hood River, 1730 College Way, Hood River, OR 97031*  
TD 541-506-6011 HR 541-308-8211, [www.cgcc.cc.or.us](http://www.cgcc.cc.or.us)

## CONSENT TO SHARE INFORMATION

I, \_\_\_\_\_, wish to have information regarding my disability shared between CGCC Disability Resources staff and specific individuals for the purpose of assisting them in understanding any and all of the following:

- My abilities and disabilities,
- My request for accommodations,
- My health and safety needs,
- Strategies that are effective for me, and my academic success.

I give my consent for this confidential information to be shared verbally or in writing between CGCC Disability Resources and the following persons or agencies:

- \_\_\_\_\_ All CGCC Staff involved with my education and services, until completed.
- \_\_\_\_\_ High School Special Education Department/Counselor: \_\_\_\_\_
- \_\_\_\_\_ Private Physician/Counselor, Family Member, Therapist, Vocational Rehabilitation Representative etc,  
(List Name, Phone, Relationship) **THIS IS AN OPEN RELEASE TO COMMUNICATE**

Other: EMERGENCY Contact: If we know you have an emergency on campus, is there someone you wish us to notify?  
(Name/Phone)

I understand that each person listed above will be informed that the confidentiality of this information is protected by state laws (ORS 192.500 and ORS 179.505) and federal law (PL 93-380, the Federal Family Education Rights and Privacy act of 1974). The information shared with them is for their knowledge only and will not be shared with others unless I am informed or give my consent. Consent may be withdrawn by written notice, delivered in person to the CGCC Disability Resources Advisor, Shayna Dahl, located in Student Services, The Dalles Campus 541-506-6046 or [sdahl@cgcc.cc.or.us](mailto:sdahl@cgcc.cc.or.us)

Signature \_\_\_\_\_

Date \_\_\_\_\_