



ATTLEBORO  
FALL RIVER  
NEW BEDFORD  
TAUNTON  
ONLINE

## OFFICE OF DISABILITY SERVICES

[ODSAccess@Bristolcc.edu](mailto:ODSAccess@Bristolcc.edu) 774.357.2955

### Request to Share Information

The **Family Educational Rights and Privacy Act (FERPA)** grants certain rights to students with respect to their educational records. One of these rights is the right to limit disclosure of personally identifiable information contained in a student's education records. For Bristol Community College's Office of Disability Services to fulfill a request for information by anyone other than the individual student, a signed authorization must be on file.

By completing this form, I, \_\_\_\_\_, authorize the Office of Disability Services at Bristol Community College to discuss my academic progress, or to address any other questions regarding my academic progress as a student with:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Contact Information: \_\_\_\_\_

### Information to be completed by student:

By completing the information below I acknowledge that this form applies only to the staff of the Office of Disability Services and by submitting this authorization, I am waiving my rights of nondisclosure of these records under federal law only as to the persons specifically listed. This release does not permit the disclosure of these records to any other persons or entities without my written consent.

Student ID#: \_\_\_\_\_

Name: \_\_\_\_\_

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

For Office Use Only: