



Release of Information
MA Inclusive Higher Education (MAIHE)
Cape Cod Community College

Cape Cod Community College treats and regards all written documentation obtained to verify a disability and plan for appropriate services as confidential. However, it may be necessary for our staff to exchange some information about you in order to provide you with educational opportunities and experiences on and off campus. This exchange will occur only with your written permission, as given in this document below, and with the understanding that only the information necessary for the purposes of accommodation and academic progress will be communicated.

Student Name: _____ Date: _____

I give permission to exchange information about me with the following:

- _____ School District Personnel
- _____ Disability Services Office (O'Neill Center)
- _____ CCCC Course Instructors
- _____ Academic Support Staff (Tutoring center, academic coaches, etc.)
- _____ Community Workforce Agencies
- _____ MA Rehabilitation Commission; Department of Developmental Services
- _____ Parents/ Guardians
- _____ Other, Please Specify: _____

Student Signature: _____ Date: _____