

Cape Cod Community College

Project Forward

Authorization for Release of Information 2025-2026

Student Name PRINTED: _____

I understand that Project Forward requires certain medical and individual learning style information in order to provide services and develop my educational program. All information that Project Forward receives will be used for purposes connected with my educational program and shall be confidential.

I authorize the release of information to Project Forward for purposes of educational instruction and employment. I also authorize Project Forward to release information to designated individuals, agencies, hospitals, institutions, and facilities listed below for purposes of educational planning, vocational instruction, and employment.

I understand that I may withdraw this authorization for any one of these resources at any time by giving written notice to Project Forward.

Approved Sources: **CHECK ALL THAT APPLY.** YOU WILL BE CONSULTED BEFORE ANY INFORMATION IS RELEASED.

- ☐ Department of Mental Health
- ☐ Department of Public Health and Welfare
- ☐ Division of Employment Security
- ☐ Rehabilitation, Human Services, and Employment Agencies
- ☐ Public and Private Hospitals
- ☐ Public and Private Schools and Colleges
- ☐ Riverview School Staff
- ☐ Public and Private Mental Health Centers
- ☐ Drug and Alcohol Clinics
- ☐ Department of Children and Families
- ☐ Department of Disability Services
- ☐ Massachusetts Rehabilitation Commission
- ☐ Veterans Administration
- ☐ Independent Living Centers
- ☐ Psychiatrists, Psychologists, Physicians and other Health Care Professionals
- ☐ Employers
- ☐ Commission for the Deaf and Hard of Hearing
- ☐ Commission for the Blind
- ☐ Statewide Head Injury Program

Exceptions or Additions to above list:

Student's Signature

Date

Parent/Guardian Signature

Date

Required if student has a legal, court-appointed guardian and must submit documentation.

PUBLICITY – CHECK OFF ONE BOX

I understand that from time to time Cape Cod Community College newsletters, yearbook, and publicity material may include statements made by its students and/or their photographs or videotaped shots.

☐ I consent to use of my comments, photographs and videotaped material for the yearbook, Project Forward brochures, Project Forward Information Sessions and other media for the intent of promoting Project Forward

☐ I do NOT consent to such use of my comments, photographs, and videotaped material and do not consent to the use of my photo for the yearbook, Project Forward brochures, Project Forward Information Sessions or other promotional media