



Paris Junior College (PJC)
Advising/Counseling Office

Release of Information Request Form

I authorize Paris Junior College (PJC) Advising/Counseling Office to disclose information regarding my disability and accommodation needs to any individuals directly involved with my educational plan. Release of information to any other party is only permitted with my written authorization.

I release PJC from all legal responsibility and liability arising from disclosure of information based upon this signed release.

I understand that I may revoke the consent in writing at any time, but may not act to revoke consent retroactively. This release expires when I am no longer a registered student and/or one year from the date of the signature, whichever comes first.

Print Name

Student ID#

Signature of Student

Date

Witnessed by PJC Staff

Date