



## **Carteret Community College**

3505 Arendell Street - Morehead City - NC - 28557

Phone: (252) 222-6000 - Fax: (252) 222-6265

# **Disability Services “Buckley” Waiver**

## Consent for Release of Confidential Information

I, \_\_\_\_\_, authorize Carteret Community College Disability Services to discuss (1) the nature of my disability, (2) the particulars of my academic progress, and/or (3) other selected, appropriate information that is deemed necessary to plan and implement appropriate accommodations that will provide equal access to Carteret’s facilities and programs.

*I understand that my records are protected under confidentiality legislation and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I understand I may revoke this consent at any time except to the extent that action has been taken. This authority expires with the completion of all transactions related to services provided by Carteret Community College Disabilities Services.*

Student’s Signature: \_\_\_\_\_

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

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Student’s Social Security Number

***This form must be signed in person at the  
Student Enrollment Resources office, to be considered valid***

*An Equal Opportunity Educational Institution  
Serving the Community without Regard to Race, Creed, Sex, National Origin, or Disability*