

Release of CONFIDENTIALITY

I hereby give my permission for ODS staff members to discuss/share information regarding any and all information related to scheduling service providers for my classes on a need-to-know basis. I understand I can retract permission for any or all information by submitting a written request to the Coordinator.

Beginning Date: _____

Ending Date: _____

Student's Signature

Date

I have read and understand the Student Handbook and agree to observe the Interpreting/Transcription policies contained within.

Student's signature

Date

ODS Staff Signature

Date