



### CONSENT TO SHARE INFORMATION

I, \_\_\_\_\_, wish to have information regarding my grades, attendance records and test scores shared between the Professional Skills / Occupational Skills Training staff and specific individuals for the purpose of assisting them in understanding

- my abilities and disabilities
- my academic progress
- the successful completion of my training program
- strategies that are effective for me
- registration for classes, including adding/dropping credits or dropping classes as necessary
- grading

I give my consent for this confidential information to be shared verbally or in writing between the Professional Skills / Occupational Skills Training Staff and

Vocational Rehabilitation Counselor

LCC Instructors

Private Physician/Counselor

Insurance Company

Other

I understand that each person listed above will be informed that the confidentiality of this information is protected by state laws (ORS 192.500 and ORS 179.505) and federal law (PL 93-380), the Federal Family Education Rights and Privacy Act of 1974. The information is for their knowledge only and will not be shared further without my knowledge or consent.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date