



# Spokane Community College PACE Services CONSENT TO EXCHANGE INFORMATION

The Community Colleges of Spokane (CCS) People Accessing Careers and Education (PACE) Services can help you better if we are able to work with other agencies and professionals that know you and your family/support systems. By signing this consent form, you are giving permission for the agencies and individuals listed below to share information about you and with us. PACE will not share confidential information with anyone else without your consent. I understand my consent is voluntary and will not impact my eligibility for PACE.

Student name \_\_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

I authorize the entities and/or individuals that I have initialed below to provide and exchange records and information about me in order for PACE to better plan and coordinate services for me. I understand that the information may be shared verbal, electronic and/ or in written form.

(Please initial each entity below from whom you agree to release records and provide the name of the person(s) who provides you with services, care and/or treatment).

\_\_\_\_\_ Developmental Disabilities Administration \_\_\_\_\_

\_\_\_\_\_ Division of Vocational Rehabilitation \_\_\_\_\_

\_\_\_\_\_ Spokane County \_\_\_\_\_

\_\_\_\_\_ Employer/Potential Employers \_\_\_\_\_

\_\_\_\_\_ School District \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

My consent to release includes the categories of records that I have identified with my initials below.

\_\_\_\_\_ School records \_\_\_\_\_ Medical records re: \_\_\_\_\_

\_\_\_\_\_ Employment records \_\_\_\_\_ Mental Health records re: \_\_\_\_\_

\_\_\_\_\_ Assessments re: \_\_\_\_\_ Other \_\_\_\_\_ Re: \_\_\_\_\_

This consent is valid for one (1) year or until \_\_\_\_\_ (whichever comes first)

I understand and agree to the release of information authorized in this form. I understand I may revoke this consent at any time in writing. I understand that revocation will not affect any information that was already released. A copy of this form is valid to give my permission to share records.

Student signature \_\_\_\_\_ Date \_\_\_\_\_

PACE staff \_\_\_\_\_ Date \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Student/Parent/guardian telephone \_\_\_\_\_

To those receiving information under this release: federal and state laws and regulations apply to some information disclosed under this release. You may not release it to any other person/entity without written consent, a court order, or a valid subpoena. Check with your supervisor before disclosing **any** information.