**JSCC Disability Resource Center**

**Confidentiality Agreement**

Jackson State Community College’s Disability Resource Center takes every precaution to guard the confidentiality of your educational and health records in our possession. Those records are protected by law, and their contents will not be shared without your signed authorization except by order of the court, subpoena, or due to our suspicion that you intend to harm yourself or others.

However, in order for us to best meet your needs, your records with the Disability Resource Center may be reviewed, not only by the Dean of Students, but also by the Student Success Counselor on an as-needed basis to assure we are properly offering all appropriate academic adjustments and to have someone available to help with any of your questions or concerns.

In addition, we may need to discuss your needs with certain faculty and/or staff members in order to coordinate services on your behalf.

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**By signing this confidentiality agreement, I give permission for the Dean of Students to discuss my situation with the college Student Success Counselor and with faculty and staff members only as necessary, to arrange for and confirm proper handling of my accommodations and service delivery.**

**I understand I have the right as the student to change or cancel this release at any time by providing written notification of the change or cancellation to the Dean of Students.**

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**Student’s Signature Student’s Name (Please print)**

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**Date JSCC Student I.D. Number**