



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).

- _____ Division of Developmental Disabilities _____
- _____ Division of Vocational Rehabilitation _____
- _____ Medical Care Provider _____
- _____ Mental Health Care Providers _____
- _____ 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 the date specified (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 phone _____

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.