



## 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 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 \_\_\_\_\_ SID \_\_\_\_\_ 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 in verbal, electronic and/or written form.

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

- ☐ Guardian \_\_\_\_\_
- ☐ Relative \_\_\_\_\_
- ☐ Caregiver \_\_\_\_\_
- ☐ School District \_\_\_\_\_
- ☐ Other \_\_\_\_\_

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

- ☐ Complete access to all records with no exceptions
- ☐ School records
- ☐ Other: \_\_\_\_\_
  
- ☐ This consent is valid until I graduate or or am no longer enrolled/leave CCS
- ☐ Until I revoke authorization
- ☐ Until Date: \_\_\_\_\_

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 \_\_\_\_\_

Guardian signature (if applicable) \_\_\_\_\_ Date \_\_\_\_\_  
(required if student has a legal guardian)

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.