

Odessa College  
Office of Student Accommodations  
Exchange of Information Form

I, \_\_\_\_\_ (print name), understand that any information or records relating to my identity, diagnosis, prognosis, or consultation, shared with the Office of Student Accommodations at Odessa College, are confidential.

I \_\_\_\_\_ (print name), give the Office of Student Accommodations at Odessa College permission to release only information that is necessary to Odessa College Instructors, faculty, and staff that provide services to me. This information can include diagnostic evaluations, requested accommodations, and gives permission for my instructors to share information related to my academic progress with the Offices of Student Accommodations.

I, \_\_\_\_\_ (print name), give the Office of Student Accommodations at Odessa College permission to collect information regarding my Intellectual Developmental Disabilities/or Autism to report to the Texas Higher Education Coordinating Board.

Signature \_\_\_\_\_ Date \_\_\_\_\_