



RELEASE AND EXCHANGE OF INFORMATION

Country Roads Program

The Country Roads Program treats and regards all written documentation obtained to verify a disability and plan for appropriate services as confidential. However, it may be necessary for our staff to exchange some information about you with the West Virginia University faculty and staff, or other agencies in order to provide educational opportunities and experiences on and off campus. This exchange will occur only with your written permission, as given in this document below, and with the understanding that only information necessary for the purposes of accommodation and academic progress will be communicated.

I (name), _____ give permission to exchange information about me with the offices/individuals indicated below:

- ☐ School District(s) School Personnel
- ☐ Vocational Rehabilitation Provider and Special Needs Office Admissions
- ☐ Course Instructors
- ☐ Financial Aid Office
- ☐ Guardians as Listed in Application
- ☐ Registrar's Office
- ☐ Tutor/Mentor – Please Specify:
- ☐ Other - Please Specify:

I agree, as part of the application process, to waive my right to access the student recommendation form.

I agree, as part of the application process, to waive my right to access, duplicate or withdraw sections of the application to use for any other purposes.

Signature of Applicant: _____

If Applicant is under the age of 18: Guardian Signature: _____

Date: ____/____/____