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CONFIDENTIAL DOCUMENT

To: Vice President of Student Services
Flint Hills Technical College

I hereby give the Dean of Students Services at Flint Hills Technical College, permission to share information with the following persons/agencies:

ALL AGENCIES AND/OR PERSONS WITH A LEGITIMATE EDUCATIONAL NEED TO KNOW.

(Or, check specific groups below with whom we may share information.)

All Faculty,

Specific Faculty Only (please list): _____

Academic Advisors

Other College Personnel

Previous Educational Institutions

Medical/Counseling Facilities

Recordings for the Blind

Department of Rehabilitation

Other (please list): _____

I understand that I must provide medical or other diagnostic documentation of my disability and limitations, prepared by a qualified physician, psychologist, or professional which states the parameters of my disability, to the Vice President of Student Services.

Name: _____ Social Security Number: _____
Last First

Student Signature: _____ Date: _____
By checking this box you have created an electronic signature as legally binding as your hand-written signature. mm/dd/yyyy

This confidential form will be in effect from the date signed and shall remain effective during my admission to Flint Hills Technical College unless superseded by the signing of a new form.