



**Office of Counseling Services/ADA Compliance  
Americans with Disability Act  
Consent Form**

I, \_\_\_\_\_, authorize the Office of Counseling Services/ADA Compliance at Tougaloo College to release information regarding my diagnosis or impairment as follows:

Please initial the following as stated (if applicable):

\_\_\_\_\_ All of my instructors/professors and academic advisors each semester.

\_\_\_\_\_ Athletic coaches, if I am an athlete, and my diagnosis could potentially warrant medical attention.

\_\_\_\_\_ I will let you know each semester the instructor(s)/professor (s) that should receive information pertaining to my accommodations.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
ADA Director's Signature

\_\_\_\_\_  
Date