



NEBRASKA INDIAN COMMUNITY COLLEGE

Faculty Release of Information

I hereby give my consent for the faculty members listed below to be notified of my disabilities so that the agreed upon accommodations can be made.

Course Code	Course Title	Faculty Member	Faculty Email

(Signature of Student)

(Date)

(Signature of EAT Member)

(Date)

(Signature of EAT Coordinator)

(Date)

Note Once all application materials have been received and faculty release is completed, the finalized agreement for accommodations process may take at least 10 business days.*