

## Permission to Disclose Application Information

I give permission for the Project STEPP staff to share records with and communicate with the Office of Disability Support Services, Office of Admissions, and other ECU employees who have a “legitimate educational interest” regarding my admission to and work in Project STEPP and East Carolina University. I understand that this may involve providing copies of psychological evaluations and other information relevant to determining disability eligibility or admissions criteria for Project STEPP and/or ECU.

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Student Signature

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Date

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Print Name

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Parent Signature

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Date

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Print Name