

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.

Student Signature

Date

Print Name

Parent Signature

Date

Print Name