



DSP&S RELEASE OF INFORMATION

Date: _____ **Student ID#:** _____

Name: _____ **Birthdate:** _____

I, the undersigned, consent to the release of specific written and verbal information regarding my disability to College of the Canyons, consistent with the Federal Family Educational Rights and Privacy Act of 1974, or other laws, regulations, or policies for use in educational planning. All information will be confidential and maintained as part of my records with Disabled Student Programs and Services Office at College of the Canyons. I authorize the release of information to include any of the following records:

- Diagnosis of disability signed by appropriate licensed/certified professional
- Psychological testing and evaluation results
- Vocational Rehabilitation Plan
- Individual Education Plan (IEP)
- Detailed results of assessment, psychological, or medical testing that led to the diagnosis
- Other _____

I further give permission for the DSP&S specialists to discuss these records with other professionals at College of the Canyons who have a legitimate educational need to know, and I give permission for DSP&S to forward these records to other educational institutions upon my request. This authorization shall remain in effect until revoked in writing by the undersigned.

Student's Signature: _____ **Date:** _____

Parent or Guardian Signature: _____ **Date:** _____

(Only required if student is under 18 years of age)

I authorize DSP&S to release my information to the following agency /doctor / person or have the following agency / doctor / person release my information to DSP&S:

Agency / Name

Address

City, State, Zipcode

(A photocopy of this document is valid as the original)