COLLEGE OF THE CANYONS

Academic Accommodation Center (AAC)
26455 Rockwell Canyon Road, Santa Clarita, CA 91355
(661) 362- 3341 • TDY (661) 362-3726 • FAX (661) 362-5716

AAC RELEASE OF INFORMATION

Date: _____ **Student ID:** _____

Name: _____ **Birth date:** _____

I, the undersigned, give permission for the AAC 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 AAC to forward these records to other educational institutions upon my request. I understand that this form is **only in effect with the AAC department at College of the Canyons** and a separate release form must be filed with other campus departments if release of information is requested from other departments. 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)

(Optional) I further give 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 Academic Accommodation Center 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 authorize AAC to release my information to the following agency /doctor / person or have the following agency / doctor / person release my information to AAC:

_____
Agency / Name

_____
Address

_____
City, State, Zip code

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