



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. I understand that this form is only in effect with the DSP&S 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)

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, Zip code

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