



State Center Community College District
 Disabled Students Programs & Services (DSP&S)
 Consent for release of Information

Campus:	FCC	CCC	RC	Madera CC	Oakhurst Center
Student Name: Last	First			M.I.	
Date of Birth:	SSN:			ID:	
Maiden Name or Other Name Used:					

I, the undersigned, consent to, and request, all appropriate persons and/or agencies or institutions to release information regarding myself to DSP&S for use in educational/vocational planning. All information will be kept confidential and maintained as part of my records with Disabled Students Programs and Services (DSP&S) at the college. I authorize the release of information to include one or more of the following records:

- Verification of Disability
- Communicate with my instructors
- Educational History: Transcripts, IEP, 504 Plan, Psycho-Educational Report
- Psychological Testing and Evaluation Results
- Learning Disability Assessment
- Audiology and Speech/Language Pathology Reports
- Vocational Rehabilitation Plan
- Prescribed Medications and Dosage
- Other (specify):
- I hereby give my permission to the staff of DSP&S to communicate with my parents, legal guardian(s) or other, if they request information.

Name: _____ Relationship: _____
 Name: _____ Relationship: _____

I further give permission for the DSP&S certificated professional to discuss my educational situation with other professionals who have a legitimate educational need to know. This authorization shall remain in effect until revoked in writing by the student.

Student Signature: _____ Date: _____
 Parent/Guardian Signature: _____ Date: _____

(if under 18 years of age)

A Photocopy of This is as Valid as the Original - Valid for the Life of the Case.

The State Center Community College District uses the information requested on this form for the purpose of determining a student's eligibility to receive authorized special services provided by the Disabled Students Programs and Services (DSP&S) department. Personal information recorded on this form will be kept confidential in order to protect against unauthorized disclosure. Portions of this information may be shared with the Chancellor's Office of the California Community Colleges or other state or federal agencies; however, disclosure to these parties is made in strict accordance with applicable statutes regarding confidentiality, including the Family Educational Rights and Privacy Act (PL 93-579), Providing your social security number is voluntary. The information on this form is being collected pursuant to California Education Code Sections 67310-67312, and 84850; and California Code of Regulations, Title V, Section 56000 et seq.

Please Return Information To Disabled Students Programs & Services At:

Fresno City College	Clovis CC	Reedley College	Madera CC	Oakhurst Center
1101 E. University Ave.	10309 N. Willow	995 N. Reed Ave	30277 Ave. 12	40241 Hwy 41
Fresno, CA 93741	Fresno, CA 93730	Reedley, CA 93654	Madera, CA 93638	Oakhurst, CA 93644
(559) 442-8237 (voice/ TTY) FAX: (559) 499-6038	(559) 325-5230 FAX: (559) 499-6062	(559) 638-0332 FAX: (800) 643-1521	(559) 675-4864 FAX: (800) 643-0518	(559) 683-3940 FAX: (800) 559-6819