



Disability Services and Programs for Students

RELEASE OF INFORMATION

The Disability Services & Programs for Students (DSPS) and Learning Disabilities (LD) Program is subject to the Federal Family Educational Rights and Privacy Act of 1974 (FERPA) applying to the disclosure of information from student records. This legislation and departmental policy do not allow us to disclose information about you and your disability-related circumstances to the individuals listed below without first obtaining your written consent.

Because of the privacy requirements, we ask that you initial below each individual agency whom we may contact to discuss your disability related circumstances. Please sign and date the release on the spaces provided.

COMPLETE THE FOLLOWING INFORMATION IN THE FILLABLE DOCUMENT OR IN INK ONLY

INITIAL appropriate agencies on lines below.

*Initials

* I hereby give my consent for the staff at DSPS and Learning Disabilities (LD) Program to release and/or receive information regarding my disability-related circumstances to the individuals/agencies initialed below.

- * College/Universities
* K-12 (IEP, 504)
* Testing Agencies
* Alta Regional Center
* Department of Rehabilitation (DOR)
* U.S. Dept. of Veterans Affairs (VA)
* Medical Professional (please specify below):
* Other (please specify below):

Name of (University, College, School District, Agency, Medical office, Other)

Address

() Phone Number () Fax Number E-Mail

Student Name Student ID# Birth Date
Student Signature Date

I give permission to DSPS staff to communicate directly with:

Name Relationship

Student Signature: Date: (Expires in one year)

Renew Date Initial • Renew Date Initial • Renew Date Initial • Renew Date Initial

I revoke this communication permission effective on the date signed below:

Student Signature: Date:

If you cannot electronically sign this form, please include the following statement in your email to DSPS@scc.losrios.edu from your Los Rios Gmail with your attached completed packet. "I give SCC DSPS permission to sign on my behalf"

* This authorization is valid for one year from the date signed above and also subject to written revocation by the student at any time. The written revocation will be effective upon receipt, except to the extent that the disclosing party or others have acted in reliance upon this authorization. I understand that the recipient may not lawfully further use or disclose the health information unless another authorization is obtained from me or unless such use or disclosure is specifically required or permitted by law.

Agencies providing information to DSPS and LD should mail it to:

ATTN: Disability Verification
Disability Services & Programs for Students\Sacramento City College\ 3835 Freeport Boulevard STS103, Sacramento, CA 95822
Phone: 916-558-2087 Fax: 916-650-2781 e-mail: dsps@scc.losrios.edu