



State Center Community College District
Disabled Students Programs & Services (DSP&S)

CONSENT FOR RELEASE OF INFORMATION

Campus: ☐ FCC ☐ RC ☐ Madera Center ☐ WI & Clovis Center ☐ Oakhurst Center

Student Name: _____
Last First M.I.

Date of Birth: _____ SSN: _____ ID: _____

Maiden Name or Other Name Used: _____
Last First M.I.

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:

Student Initials

- ☐ _____ Verification of Disability
- ☐ _____ Inform Instructors of Disability
- ☐ _____ 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 discuss my academic performance 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 (if under 18 yrs. of age)

Date

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**
1101 E. University Ave.
Fresno, CA 93741
(559) 442-8237 (voice/TTY)
FAX: (559) 485-7304

☐ **Reedley College**
995 N. Reed Ave.
Reedley, CA 93654
(559) 638-0332
FAX: (559) 638-0382

☐ **Willow International**
10309 N. Willow
Fresno, CA 93730
(559) 325-5200
FAX: (559) 325-5299

☐ **Madera Center**
30277 Ave. 12
Madera, CA 93638
(559) 675-4864
FAX: (559) 675-4803