Crafton Hills College

Disabled Student Programs and Services

Consent for Release of Information

Please print or type with blue or black ink

Student's Name:_____**Date of Birth**:_____

Last First Middle Initial M/D/Y

SS# or ID:_____

Maiden Name or Other Name Used: _____

Last **First** **Middle Initial**

I, the undersigned, request any appropriate person and/or agency or institution to release information consistent with the Federal Family Educational Rights and Privacy Act of 1974, or other laws, regulations, or policies to this college for use in educational/vocational planning. All information will be kept confidential and maintained as a part of my records with the Disabled Student Program and Services office at Crafton Hills College. Selected information may be released for mandated State and/or Federal reports. I authorize the release of information, which may include one or more of the following records:

- Verification of disability
- Psychological testing and evaluation results
- Learning disability assessment
- Audiology and speech/language pathology reports
- Vocational rehabilitation plan
- Prescribed medications and dosage
- Educational records including progress made
- Other: _____

I further give permission for DSPS certificate program staff to discuss my educational situation with other professionals who have a legitimate educational need to know.

This authorization shall remain in effect during my enrollment at Crafton Hills College or until revoked in writing.

Student's Signature:_____ **Date:**_____

Parent or Guardian's Signature:_____ **Date:**_____

Required for student under 18 years of age

A photocopy of this is as valid as the original.

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Crafton Hills College
Disabled Student Programs & Services
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