



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

**CONSENT FOR RELEASE OF INFORMATION**

Campus:  FCC  CCC  RC  Madera 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
- \_\_\_\_\_ 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.

_____	_____
<i>Name</i>	<i>Relationship</i>
_____	_____
<i>Name</i>	<i>Relationship</i>

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*

**\*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:**

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