

Disability Support Services (DSS) Consent for Release of Information

To: _____

Return to: _____
Diablo Valley College
321 Golf Club Road
Pleasant Hill, CA 94523

Name: _____

ID#: _____

Former/other name: _____

Birth Date: _____

I, the undersigned, give permission for the above named medical professional, agency and/or counselor to release information to this college for use in educational and vocational planning. All information will be kept confidential and maintained as part of my records with the Disability Support Services office at this college. Information may include one or more of the following records:

- _____ Medical data verifying disability and functional limitations
(Please complete and return enclosed form)
- _____ Psychological testing and evaluation results
or
- _____ Learning Disability Assessment report
Raw scores from: WAIS-III & WRAT-3 or
Woodcock Johnson-III (Cognitive & Achievement); WIAT-II

I further give permission for DSS certificated program staff to discuss: (please initial)

- _____ my educational limitations
- _____ my academic records
- _____ the nature and extent of my disability

with the following:

___ Instructor(s): _____ ___ Family Member: _____
___ Counselor: _____ ___ Others (Please specify): _____

This authorization shall remain in effect until revocation in writing has been received by DVC Disability Support Services.

Signature

Signature of parent or guardian, if student is under 18

Date

A copy of this form is as valid as the original