DVC
DIABLO VALLEY COLLEGE
321 Golf Club Road, Pleasant Hill, CA 94523

CONSENT FOR RELEASE OR DISCUSSION OF INFORMATION

In order for the DVC Disability Support Services (DSS) staff to release or obtain any disability information to/from other another college or agency (or to yourself) or to allow discussion of DSS information with other people, we must have your permission by completing this authorization. Be specific as possible as to the nature of the information you would like released/discussed and the purpose for which it is required.

Please Check One:

	Release my disability documents to the following college/agency organization
	Obtain my disability documents from the following college/agency organization

Name/ College				Phone #			
Street				Fax #			
City/State/Zip				Email			
Please Send the documents via: (check one)		US Mail		Fax		Email	

	Release my disability documents to myself *(discuss method with DSS staff)*
	Permission for DVC DSS staff to discuss my disability with the following (please include name)
	Family faculty other

Disability Documents to be released/discussed (check all that apply):

	Medical Data		Psychiatric Evaluation
	LD Assessment		Accommodations
	Individual Education Plan (IEP) High School		High School 504 Plan
	Psychoeducational Triennial Review High School		Other (explain)
Purpose for which the document is required:			

AUTHORIZATION

I authorize the professional staff of Diablo Valley College's Disability Support Services (DSS) to release/obtain/discuss the above information. I hereby release Diablo Valley College from all legal liability that may arise from the information obtained/requested/discussed. I hereby certify that this request has been made freely, voluntarily and without coercion. Information given is accurate to the best of my knowledge and I understand that this will remain in effect until revoked in writing at any time.

Student Name (Print) _____ Student Name Signature _____ Date _____

Student ID # _____ Phone # _____