



RELEASE OF INFORMATION

The Disability Services & Programs for Students (DSPS) and Learning Disabilities Program is subject to the Federal Family Educational Rights and Privacy Act of 1974 (FERPA) applying to the disclosure of information from student records. This legislation and departmental policy do not allow us to disclose information about you and your disability-related circumstances to the individuals listed below without first obtaining your written consent.

Because of the privacy requirements, we ask that you initial below each party whom we may contact to discuss your disability-related circumstances. **Please sign and date the release on the spaces provided.**

This is an OPTIONAL form and is not required to apply for DSPS services.
Type/Write your INITIALS on lines below.

*** INITIALS**

* _____ I hereby give my consent for the staff as DSPS and Learning Disabilities Program to release and/or receive information regarding my disability-related circumstances to the individuals/agencies initialed below.

*** INITIALS**

_____ *College/Universities _____
_____ *K-12
_____ *Parent(s)
Parent Name: _____
Parent Name: _____

_____ *Testing Agencies _____
_____ *Department of Rehabilitation
_____ *Veteran's Administration
_____ *Medical personnel (please specify below):
_____ *Other (please specify below):

Name

Address

Phone

Name

Address

Phone

Print Name

Birth Date

Student Signature

Date

If you cannot electronically sign this form, please contact DSPS, Phone:(916) 484-8382, Email: ARCDSPSDE@arc.losrios.edu

* The Learning Disabilities Program will also ask you to co-sign letters of correspondence that the Learning Disabilities Program sends to faculty, staff, or outside agencies. Co-signature ensures that you have read the letter, understand why it is being written, and approve it for mailing. Your interests and Learning Disabilities Program's interests are protected under this system.

* This authorization is valid for one year from the date signed above and also subject to written revocation by the member/patient at anytime. The written revocation will be effective upon receipt except to the extent that the disclosing party or others have acted in reliance upon this Authorization.

* I understand that the recipient may not lawfully further use or disclose the health information unless another authorization is obtained from me or unless such use or disclosure is specifically required or permitted by law.

Agencies providing information to DSPS and LD should send it to:

ATTN: Disability Verification
Disability Services & Programs for Students
American River College
4700 College Oak Drive Sacramento, CA
95841-4286
PH: (916) 484-8382, FAX: (916) 484-8888
Email: ARCDSPSDE@arc.losrios.edu