

# DRC

CONSENT FOR RELEASE OF INFORMATION

RIVERSIDE CITY COLLEGE

Name: \_\_\_\_\_  
Last First M

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Maiden Name or Other Used: \_\_\_\_\_  
Last First M

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 RIVERSIDE CITY COLLEGE for use in educational/career planning. All information will be kept confidential and maintained as part of my records with the DSP&S Office at the college. I authorize the release of information to include one or more of the following records:

Please **INITIAL** All That Apply:

- \_\_\_ Verification of disability/general medicine
- \_\_\_ Psychological testing and evaluation results
- \_\_\_ Audiology and speech/language pathology reports
- \_\_\_ Educational records, Individual Education Plan (IEP), including progress made
- \_\_\_ Vocational Rehabilitation Plan (IPE)
- \_\_\_ Detailed results of Learning and/or disabilities (psychological or medical testing that led to the diagnosis)

Other: \_\_\_\_\_

I further give permission to DSP&S Counselors and/or staff to discuss and share information in these records with other professionals in the Riverside Community College District who have a legitimate educational need to know.

This authorization shall remain in effect until revoked in writing by the undersigned.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Required for students under 18 years of age

**Riverside City College • 4800 Magnolia Avenue Riverside, California 92506-1299  
(951) 222-8060 • TDD (951) 222-8061 • FAX (951) 222-8059**

The Riverside 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) Program. 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 (20 U.S.C. 1232(g)). Pursuant to Section 7 of the Federal Privacy Act (Public Law 93-579; 5 U.S.C. § 552a, note), 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 5, Section 56000 et seq.

**A PHOTOCOPY OF THIS IS AS VALID AS THE ORIGINAL**