



AUTHORIZATION TO RELEASE INFORMATION

Student Name: _____ ID #: _____

DOB: ____/____/____ Special Services Staff: _____
 (MM) (DD) (YYYY)

This Consent to Release Information Request for Information authorizes information from my records to be shared between the Pierce College Special Services staff person listed above and the person, agency and/or school listed below.

<i>Contact Person</i>	<i>Agency or School</i>	<i>Phone #</i>
<i>Address</i>	<i>City</i>	<i>State</i>
<i>Zip</i>	<i>Fax #</i>	

I herby authorize the Pierce College Special Services staff person and/or the person, agency or school listed above permission to share the following information:

- ☐ Diagnosis of disability signed by an appropriate medical practitioner
- ☐ Psychological testing including evaluation results and diagnosis
- ☐ Learning disability testing and results
- ☐ Audiology and/or speech/language pathology reports
- ☐ Detailed results of psychological or medical testing that led to disability diagnosis
- ☐ Other _____

This consent may be revoked by the undersigned at any time, except to the extent that action to obtain the information has already been taken and, if not earlier revoked, it shall terminate on the date that participation in the Special Services with the above named Special Services staff person discontinues.

I consent to the release of information regarding my disability(ies) to Los Angeles Pierce College, Special Services. I understand this information will be used to determine my eligibility for Special Services and/or accommodations. This information will be used consistent with the Federal Family Education Rights and Privacy Act of 1974, and other laws, regulations or policies in compliance with Section 504 of the Rehabilitation Act and The Americans with Disabilities Act. I understand that all information will be confidentially maintained as part of my records with Los Angeles Pierce College, Special Services. I authorize the release of information to include the records identified above.

Student Signature: _____ Date: _____