

## Disabled Student Programs & Services 3000 Campus Hill Drive | Room 1615, Livermore, CA 94551

## **AUTHORIZATION TO RELEASE INFORMATION**

By signing this form, I am authorize the Las Positas College Disabled Student Programs & Services (Dioffice to share or obtain the following information with the individual and/or office named below:    Wish to:	Student Name:	W#:
Release my Las Positas College DSPS documents to the party named below Have my information released to myself Have my information released, scanned, and emailed to Las Positas College DSPS at Ipc-dsps@laspositascollege.edu  The information I would like released is/are the following: Disability Verification Academic Accommodation Plan (AAP) DSPS Application for Services IEP/504 Plan/LD Testing/Psychological Evaluation/Speech Evaluation Medical or psychological records Other:  Please provide complete contact information for the individual or office to be contacted.  Name: Address: Phone Number: Email:  This consent shall remain in effect for the duration of the current academic year as noted by the signed consent date below.  Students may rescind this authorization at any time by making requests known in writing. It may take up to seven (7) business days to process this request.  Students must fill out separate requests for each individual/office authorized by this consent. A valid photo identification is required to process all requests.	Date of Birth:	Phone Number:
I wish to:  Release my Las Positas College DSPS documents to the party named below:  Have my information released to myself Have my information released, scanned, and emailed to Las Positas College DSPS at Ipc-dsps@laspositascollege.edu  The information I would like released is/are the following: Disability Verification Academic Accommodation Plan (AAP) DSPS Application for Services IEP/504 Plan/LD Testing/Psychological Evaluation/Speech Evaluation Medical or psychological records Other:  Please provide complete contact information for the individual or office to be contacted.  Name: Address: Phone Number: Email:  This consent shall remain in effect for the duration of the current academic year as noted by the signed consent date below.  Students may rescind this authorization at any time by making requests known in writing. It may take up to seven (7) business days to process this request. Students must fill out separate requests for each individual/office authorized by this consent. A valid photo identification is required to process all requests.	Address:	
Release my Las Positas College DSPS documents to the party named below Have my information released to myself Have my information released, scanned, and emailed to Las Positas College DSPS at Ipc-dsps@laspositascollege.edu  The information I would like released is/are the following: Disability Verification Academic Accommodation Plan (AAP) DSPS Application for Services IEP/504 Plan/LD Testing/Psychological Evaluation/Speech Evaluation Medical or psychological records Other:  Please provide complete contact information for the individual or office to be contacted.  Name: Address: Phone Number: Email:  This consent shall remain in effect for the duration of the current academic year as noted by the signed consent date below.  Students may rescind this authorization at any time by making requests known in writing.  It may take up to seven (7) business days to process this request.  Students must fill out separate requests for each individual/office authorized by this consent. A valid photo identification is required to process all requests.		
Disability Verification Academic Accommodation Plan (AAP) DSPS Application for Services IEP/504 Plan/LD Testing/Psychological Evaluation/Speech Evaluation Medical or psychological records Other: Please provide complete contact information for the individual or office to be contacted.  Name: Address: Phone Number: Fax Number: Email:  This consent shall remain in effect for the duration of the current academic year as noted by the signed consent date below.  Students may rescind this authorization at any time by making requests known in writing. It may take up to seven (7) business days to process this request.  Students must fill out separate requests for each individual/office authorized by this consent. A valid photo identification is required to process all requests.	Release my Las Have my inforn Have my inforn	nation released to myself mation released, scanned, and emailed to Las Positas College DSPS at
Academic Accommodation Plan (AAP)  DSPS Application for Services  IEP/504 Plan/LD Testing/Psychological Evaluation/Speech Evaluation  Medical or psychological records  Other:  Please provide complete contact information for the individual or office to be contacted.  Name:  Address:  Phone Number:  Email:  This consent shall remain in effect for the duration of the current academic year as noted by the signed consent date below.  Students may rescind this authorization at any time by making requests known in writing.  It may take up to seven (7) business days to process this request.  Students must fill out separate requests for each individual/office authorized by this consent.  A valid photo identification is required to process all requests.		
Please provide complete contact information for the individual or office to be contacted.  Name:	Academic Acco DSPS Application IEP/504 Plan/Li Medical or psy	ommodation Plan (AAP) on for Services D Testing/Psychological Evaluation/Speech Evaluation chological records
Address:  Phone Number: Fax Number:  Email:  This consent shall remain in effect for the duration of the current academic year as noted by the signed consent date below.  Students may rescind this authorization at any time by making requests known in writing.  It may take up to seven (7) business days to process this request.  Students must fill out separate requests for each individual/office authorized by this consent.  A valid photo identification is required to process all requests.  By checking this box I certify that the above information is true to the best of my knowledge and that		
Phone Number: Fax Number: Fax Number: Email:   • This consent shall remain in effect for the duration of the current academic year as noted by the signed consent date below.  • Students may rescind this authorization at any time by making requests known in writing.  • It may take up to seven (7) business days to process this request.  • Students must fill out separate requests for each individual/office authorized by this consent.  • A valid photo identification is required to process all requests.  By checking this box I certify that the above information is true to the best of my knowledge and that		
<ul> <li>This consent shall remain in effect for the duration of the current academic year as noted by the signed consent date below.</li> <li>Students may rescind this authorization at any time by making requests known in writing.</li> <li>It may take up to seven (7) business days to process this request.</li> <li>Students must fill out separate requests for each individual/office authorized by this consent.</li> <li>A valid photo identification is required to process all requests.</li> </ul> By checking this box I certify that the above information is true to the best of my knowledge and that		
<ul> <li>signed consent date below.</li> <li>Students may rescind this authorization at any time by making requests known in writing.</li> <li>It may take up to seven (7) business days to process this request.</li> <li>Students must fill out separate requests for each individual/office authorized by this consent.</li> <li>A valid photo identification is required to process all requests.</li> </ul> By checking this box I certify that the above information is true to the best of my knowledge and that	Email:	
<ul> <li>It may take up to seven (7) business days to process this request.</li> <li>Students must fill out separate requests for each individual/office authorized by this consent.</li> <li>A valid photo identification is required to process all requests.</li> </ul> By checking this box I certify that the above information is true to the best of my knowledge and that		
<ul> <li>Students must fill out separate requests for each individual/office authorized by this consent.</li> <li>A valid photo identification is required to process all requests.</li> <li>By checking this box I certify that the above information is true to the best of my knowledge and that</li> </ul>	<ul> <li>Students may rescind</li> </ul>	this authorization at any time by making requests known in writing.
<ul> <li>A valid photo identification is required to process all requests.</li> <li>By checking this box I certify that the above information is true to the best of my knowledge and that</li> </ul>	<ul> <li>It may take up to seve</li> </ul>	en (7) business days to process this request.
By checking this box I certify that the above information is true to the best of my knowledge and tha	<ul> <li>Students must fill out</li> </ul>	separate requests for each individual/office authorized by this consent.
	<ul> <li>A valid photo identific</li> </ul>	cation is required to process all requests.
Student Signature: Date: Date:	Student Signature:	Date: