



CONSENT FOR RELEASE OF INFORMATION

Name		Date of Birth	
MPC Student ID #		Maiden Name or Other Used <i>(if applicable)</i>	

I, the undersigned, request the release of specific written and verbal information regarding my disability to the Access Resource Center at Monterey Peninsula College from the entity below, consistent with the Federal Family Educational Rights and Privacy Act (FFERPA) of 1974, or other laws, regulations, or policies for use in educational and/or vocational planning. **All information will be kept confidential** and maintained as a part of my records with the Access Resource Center at the College. Selected information may be released for mandated State and/or Federal reports.

Name of Physician or Provider	Title
Agency	
Street Address	
City	State
	Zip Code

I authorize the release of information, which may include one or more of the following records:

- Disability Verification
- Psychological Testing and Evaluation Results
- Learning Disability Assessment
- Audiology and Speech / Language Pathology Reports
- Educational Records, Including Progress Made
- Medical Reports (must include medical diagnosis and professional signature & title)
- Other: _____

I further give permission for the Access Resource Center certificated program staff to discuss my educational situation with other professionals who have a legitimate educational need to know. This authorization shall remain in effect during my enrollment or until revoked in writing.

Student Signature
Date