

Consent For Release Of Information

NAME: _____
Last First M

Maiden Name or Other Used: _____
Last First M

STUDENT ID: _____ DATE OF BIRTH ____/____/____

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 COMMUNITY COLLEGE DISTRICT for use in educational/career planning. All information will be kept confidential and maintained as part of my records with the DRC 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 DRC Counselors and/or Specialists to discuss these records with other professionals at Norco College and 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: _____ Date: _____
Signature

Parent or Guardian: _____ Date: _____
Signature required for students less than 18 years of age

A photocopy of this is as valid as the original