

RELEASE OF INFORMATION FORM

Disability Resource Center (DRC)
Laney College
900 Fallon St., E-251
Oakland, CA 94607
(510) 464-3428 Fax: (510) 986-6913

Student Name: _____
Last, First, M.I.
SSN/ID No.: _____ Birthdate: _____ / _____ / _____
Month Day Year
Telephone No.: (_____) _____ Medical Record No.: _____
Maiden Name or Other Name Used: _____

I, the undersigned, request the persons, institutions, and/or agencies listed below to release information consistent with the Federal Family Education Rights and Privacy Act of 1974, or other laws, regulations, or policies to this college for use in educational and vocational planning.

Name of Physician, School, Agency, or Other Verifying Professional

Street Address

City, State Zip Code
Telephone No.: (_____) _____ Fax No.: (_____) _____

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

- Audiology, eye exam, speech, or language pathology reports
- Individual Education Plan (IEP)
- Learning disability assessment (include raw scores, if available)
- Psychological testing and evaluation results
- Verification of disability
- Vocational rehabilitation plan
- Other: _____

I further give permission for DRC certified program staff to discuss my educational situation with other Peralta Community College District/Laney College professionals who have a legitimate educational need to know.

I further give permission for DRC certified staff to discuss my educational situation with (check):

- Other: _____

All information will be kept confidential and maintained as part of my records with the DRC office at Laney College. Selected information may be released for mandated state and/or federal reports.

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

Student Signature Date

Parent or Guardian Signature Date
(Required for students under 18 years of age).

A photocopy of this document is valid as the original.