

SOLANO COMMUNITY COLLEGE
DISABILITY SERVICES PROGRAM (DSP)
RELEASE OF INFORMATION REQUEST

Name of Student: _____ SCCID#: _____

Date of Birth: _____ Home/Cell#: _____

I, _____ authorize the release of information from
_____ regarding my disability (ies)
(Name of the doctor, school or institution, who will provide the information.)

To: Solano Community College (DSP)
(Name of the college, university, or school who will receive the information.)

All information received by Solano Community College will be kept confidential and maintained as part of my records with the Disability Services Program (DSP). I authorize the release of information to include one or more of the following records identified below:

- Diagnosis of disability (ies) signed by an appropriate medical practitioner or psychologist.
- Psychological testing and evaluation results.
- Vocational Rehabilitation Plan
- Individual Education Plan (IEP)
- Detailed results of assessment, psychological, or medical testing that led to the diagnosis.
- Other: _____.

(Address and telephone number of college, university, or high school that will provide the information)

(Name, address, and phone number of the community college that will receive the information)

Solano Community College (Disability Services Program)
4000 Suisun Valley Road
Fairfield, CA 94534 OR email records to: dsp@solano.edu / (707) 864-7136

A photocopy of this document is as valid as the original. This authorization will remain in effect until revoked in writing by the undersigned.

Student Signature _____
Date

The Community College District uses the information requested for the purposes of determining a student's eligibility to receive authorized special services provided by the Disability Services Program (DSP). Personal information requested will be kept confidential in order to protect against unauthorized disclosure. Portions of this information may be shared with the Chancellor's Office of the California Community Colleges or other state or federal agencies; however, disclosure to these parties is made in strict accordance with applicable statutes regarding confidentiality, including the Family Educational Rights and Privacy Act (20 U.S.C. 1232(g)). Pursuant to Section 7 of the Federal Privacy Act (Public Law 93-579; 5 U.S.C. § 552a, note), providing your social security number is voluntary. The information on this form is being collected pursuant to California Education Code Sections 67310-67312, and 84850; and California Code of Regulations, Title 5, Section 56000, et seq.