



Yuba College

Disabled Students Programs and Services

2088 North Beale Rd., Building 1800

Marysville, CA 95901

PH (530)741-6795/FAX (530) 741-6942/VP (866)274-7530/ dspsinfo@yccd.edu

Consent for Release of Information

Name: Last First M SSN/ID#*

Address City Zip Code Birthdate

Name/Address of Treating Physician or Verifying Professional:

Name Telephone

Address City Zip Code FAX

I authorize the release of information from _____ regarding my condition(s) to Yuba College Disabled Students Programs and Services (DSPS). All information will be kept confidential and maintained as a part of my records with Yuba College DSPS.

- Diagnosis of disability signed by an appropriate medical practitioner or psychologist.
- Psychological testing and evaluation results.
- Vocational Rehabilitation Plan.
- Individual Education Plan (IEP)/504 Plan.
- Detailed results of assessments, or psychological, or medical testing, that led to the diagnosis.

A PHOTOCOPY OF THIS DOCUMENT IS AS VALID AS THE ORIGINAL

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

I UNDERSTAND THAT: My right to healthcare is not conditioned on this authorization; I may cancel this authorization at any time by submitting a written request to DSPS; a recipient of medical information in California may not further disclose medical information about me (student) unless a new authorization form is signed by me or my personal representative or unless the disclosure is specifically required or permitted by law.

Student Signature

Date

Parent or Guardian (f student is under 18)

Date

* Yuba College uses the information requested on this form for the purpose of determining a student's eligibility to receive authorized special services provided by the Disabled Students Programs & Services (DSPS) program. Personal information recorded on this form 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.