



Consent for Release or Exchange of Information

Disability Support Programs and Services (DSPS)

Student Name: _____
Last First Middle

Maiden Name or Other Name Used _____
Last First Middle

A# _____ Date of Birth: _____

Phone: () _____

Address: _____
Street City State Zip

I hereby authorize Disability Support Programs and Services to release/exchange any information pertinent to my educational requirements, including disability, college performance, progress and activities at Taft College to the following person(s)/entity(ies):

- Taft College Faculty/Staff or other professionals to discuss my educational requirements
- Physician _____
Name Address
- Psychiatrist _____
Name Address
- Therapist _____
Name Address
- Family Member _____
Name Address
- Department of Rehabilitation _____
Name Address
- Other _____
Name Address
- Other _____
Name Address
- Other _____
Name Address

All information will be kept confidential and maintained as part of my records with Taft College Disability Support Programs and Services (DSPS).

Please note that Family Educational Rights and Privacy Act (FERPA), codified at 20 U.S.C. Section 1232g states that the College can release information about students to college officials who have a legitimate educational interest without the written or verbal consent of the student [34 CFR Section 99.31 (a)(1)]. Information disclosed will be at the DSPS Professional's discretion.

Signature of Student _____

Date _____