Consent for Release of Information

I, _____DOB_____

(former name used_____) hereby authorize the release of

confidential information contained in my records by MORENO VALLEY COLLEGE DSS to:

Person/Agency: _____

Address, City, State, Zip: _____

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 MORENO VALLEY COLLEGE for usein educational/career planning. All information will be kept confidential and maintained as part of my records with the DSS 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 (led to the diagnosis)

_____Other: _____

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

Student Signature: _____ Date: _____

Parent or Guardian Signature: _____ Date: _____

A PHOTOCOPY OF THIS IS AS VALID AS THE ORIGINAL