

Disabled Student Services

CONSENT FOR RELEASE OF INFORMATION

MORENO VALLEY COLLEGE

Name: _____
Last First M

Last 4 of Social Security # _____ Student ID#: _____ DOB ____ / ____ / ____

Maiden Name or Other Used: _____
Last First M

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 RIVERSIDE COMMUNITY COLLEGE DISTRICT for use in 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 general medical disability
- Psychological testing and evaluation results
- Audiology and speech/language pathology reports
- Educational records, Individual Education Plan (IEP), including progress made
- Department of Rehabilitation Individual Plan for Employment (IPE)
- Detailed results of Learning Disabilities
- Other: _____

I further give permission to Disabled Student Services Counselors and/or Specialists to discuss these records with other professionals at Moreno Valley College who have a **legitimate educational need to know**.

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

Student: _____ Date: _____
Signature

Parent or Guardian: _____ Date: _____
Signature required for students less than 18 years of age

A photocopy of this is as valid as the original