

## 2022-2023 Consent to Release Information for: Disability Resource Center



Last Name	First Name	MI	Palomar ID Number	Date of Birth
not be disclosed to anyone oth required of <b>all</b> students, even in disability or Disability Resource	information, such er than the studen f the student is und Center information access. This for	as social secu it without the der the age o on that pertai	urity numbers, birthdates, find e student's expressed written f 18. To ensure compliance w ns to a student, require ident	ancial and academic records may
I, (please print student name regarding my records in the P and/or released to:		ability Resou		by consent to have information academic year, discussed with
Name (Please print)	Relationship to	Student	Specific information to	be released or shared
Check <u>all</u> that apply:	☐ Schedul	e Appointr	nents $\square$ Discuss	s DRC Records
B. Request to Rescind				
I, (please print student name) Consent to Release Informati regarding my records in the P	on Form be rescind	ed and that p	person(s) previously listed no	<del>-</del>
C. Certification				
Signing this form certifies that the provide proof when asked may be Center. Warning: forgery or purp both.	cause for delay or	denial of info	ormation sharing by the Palor	mar College Disability Resource
Student Signature			Date ce. You should make a copy of the	his form for your records