

2023-2024 Consent to Release Information for: Disability Resource Center



Last Name	First Name	MI	Palomar ID Number	Date of Birth
not be disclosed to anyone other required of all students, even if disability or Disability Resource other individual wishing to obtable renewed every academic years.	information, such er than the studen the student is und Center information in access. This for	as social secunt without the der the age of that pertain	rity numbers, birthdates, fin student's expressed written 18. To ensure compliance w ns to a student, require iden	ancial and academic records ma
A. Consent to Release				
I, (please print student name) regarding my records in the Paand/or released to:		ability Resour		by consent to have information 3 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 Appointm	nents \square Discus	s DRC Records
3. Request to Rescind				
I, (please print student name) Consent to Release Informatio regarding my records in the Pa	n Form be rescind	led and that p	erson(s) previously listed no	-
C. Certification				
signing this form certifies that the provide proof when asked may be center. Warning: forgery or purpo	cause for delay or	denial of info	rmation sharing by the Palo	
ooth.				

Submit this worksheet to the Palomar College DRC Office. You should make a copy of this form for your records.