

## 2024-2025 Consent to Release Information for: Disability Resource Center



Last Name	First Name	MI	Palomar ID Number	Date of Birth
not be disclosed to anyone of required of <b>all</b> students, even disability or Disability Resource	al information, such a ther than the studen if the student is und ce Center informatio otain access. <b>This for</b>	as social sec t without th der the age on that perta	urity numbers, birthdates, fin e student's expressed written of 18. To ensure compliance w ins to a student, require iden	udent confidentiality. FERPA ancial and academic records may permission. This permission is vith FERPA, all inquiries for speciful tification by the student and any ensure proper identity, and must
I, (please print student nam		ability Reso		eby consent to have information 5 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 Appoint	ments 🗆 Discus	s DRC Records
B. Request to Rescind				
	ion Form be rescind	ed and that	, do here person(s) previously listed no irce Center for the 2024-2025	longer have information
C. Certification				
Signing this form certifies that th provide proof when asked may be Center. Warning: forgery or purpooth.	e cause for delay or	denial of inf	ormation sharing by the Palo	mar College Disability Resource
Student Signature	and to the Balamar Col	Ware DDC Off	Date ice. You should make a copy of t	his form for your mounts