



Consent to Release Information for: Disability Resource Center



This form may only be completed and submitted by the student

Last Name First Name MI Palomar ID Number Date of Birth

The Family Educational Rights and Privacy Act (FERPA) is federal legislation that requires student confidentiality. FERPA requires that student personal information, such as social security numbers, birthdates, financial and academic records may not be disclosed to anyone other than the student without the student's expressed written permission. This permission is required of **all** students, even if the student is under the age of 18. To ensure compliance with FERPA, all inquiries for specific disability or Disability Resource Center information that pertains to a student require identification by the student and any other individual wishing to obtain access. **This form *must* be submitted by the student to ensure proper identity.**

A. Consent to Release

I, (please print student name) _____, do hereby consent to have information regarding my records in the Palomar College Disability Resource Center discussed with and/or released to:

Name (Please print)	Relationship to Student	Specific information to be released or shared

This consent is valid until: Revoked or Date: _____

B. Request to Rescind

I, (please print student name) _____, do hereby request that my previous Consent to Release Information Form be rescinded and that person(s) previously listed no longer have information regarding my records in the Palomar College Disability Resource Center.

C. Certification

Signing this form certifies that the information reported is complete and correct and that any false statement or failure to provide proof when asked may be cause for delay or denial of information sharing by the Palomar College Disability Resource Center. **Warning: forgery or purposely giving false and/or misleading information may be cause for a fine, sentence to jail or both.** I understand that this authorization shall stay in effect until revoked, on the date listed above or in compliance with current District document retention policies.

Student Signature Date

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