College of the Redwoods
DSPS Release of Information
Disability Services and Programs for Students

The student named below has requested services/accommodations through the Disability Services and Programs for Students Office. In order to assist them, we must have the information checked below.

Treating Physician/Verifying Professional: _____

Name of Business/Clinic/School: _____ Phone #: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Return to : DSPS Administrator
Disability Services and Programs for Students
College of the Redwoods
7351 Tompkins Hill Road
Eureka, CA 95501

Phone number: (707) 476 –4280

Fax number: (707) 476 – 4418

Name of Student: _____ * CR ID#: _____

Other Names Used: _____ Date of Birth: _____

I authorize the release of information from my Treating Physician/Verifying Professional regarding my disability(ies) to College of the Redwoods Disability Services and Programs for Students (DSPS). All information will be kept confidential and maintained as a part of my records with the California Community College DSPS Office. This authorization shall remain in effect until revoked in writing by the undersigned. I give permission for DSPS professional(s) to discuss my disability with other professionals who have a legitimate educational need to know. I authorize the release of information to include one or more of the following records identified below:

- Verification of disability signed by an appropriate medical practitioner or psychologist.
- As Appropriate to the Verification:

  Psychological Testing and Psycheducational/evaluation results/medical reports.

  Learning Disability assessment including WAIS-R or WAIS-III, WJR RAW and standard scores.

  Audiology and speech/language pathology reports.

  Vocational Rehabilitation Plan and "Certificate of Eligibility"

  School Transcripts

  Individual Education Plan (IEP)

  Other _____

Signature of Student: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____
(Required for student under 18 years of age).

*The Community College District uses the information requested on this form for the purpose of determining a student's eligibility to receive authorized special services provided by the Disability Services and Programs for Students (DSPS). Personal information recorded on this form will be kept confidential in order to protect against unauthorized disclosure. Portions of this information may be shared with the Chancellor's Office of the California Community Colleges or other state or federal agencies; however, disclosure to these parties is made in strict accordance with applicable statutes regarding confidentiality, including the Family Educational Rights and Privacy Act (20 U.S.C. 1232 (g)). Pursuant to Section 7 of the Federal Privacy Act (Public Law 93-579; 5 U.S.C. § 552a, note), providing your social security number is voluntary. The information on this form is being collected pursuant to California Education Code Sections 67310-67312, and 84850; and California Code of Regulations, Title 5, Section 56000 et seq.