WOODLAND COMMUNITY COLLEGE DSPS
CONSENT FOR RELEASE OF INFORMATION

Phone: 530-661-5797
Fax: 530-661-5788
TTY: 530-661-5786

Name D.O.B.
Last First Middle M/D/Y

Social Security # _____ Maiden name or other _____

Names Used _____
Last First

I hereby consent to the release of information from my student records maintained by _____ _____consistent with the Federal Family Education Rights and Privacy Act of 1974, or other laws, regulations, or policies; to designated representative of other educational institutions in order that they may determine my eligibility for and need of special services provided by their institutions.

_____ Learning disability assessment
_____ Verification of disability
_____ Psychological testing and evaluation results
_____ Audiology and speech/language pathology reports
_____ Vocational rehabilitation plan
_____ Prescribed medications and dosage
_____ Educational records, including progress made
_____ Other: _____

I further give permission for the DSPS certificated professional(s) to discuss my educational situation with other professionals who have a legitimate educational need to know, such as instructors who need to know about test proctoring, etc. This authorization shall remain in effect during my enrollment or until revoked in writing by the undersigned.

_____ _____
Signature of Student Date

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