WOODLAND COMMUNITY COLLEGE
Department of Supportive Programs and Services (DSPS)
2300 East Gibson Road, Building 700, Room 764, Woodland, CA 95776
Phone: (530) 661-5797 **Fax**: (530) 661-5788 **Email**: wccdsps@yccd.edu

Consent for Release of Information

Student Last Name	First	Student ID
Other Name Used	Phone	DOB (MM/DD/YY)

I hereby consent to the release of the following 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 to determine my eligibility for special services provide by their institutions.

- ☐ Learning Disability Assessment
- ☐ Verification of Disability
- ☐ Psychological Testing and Evaluation Results
- ☐ Audiology and Speech/Language Pathology Reports
- ☐ Vocational Rehabilitation Plan
- ☐ 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 relevant accommodations. This authorization shall remain in effect during my enrollment or until revoked in writing by the undersigned.

Student Signature	Date
Parent or Guardian of student (if under age 18)	Date