



2277 Napa-Vallejo Hwy., Napa, CA 94558 • DSPS: (707) 256-7345 / Learning Services: (707) 256-7442 • FAX (707) 256-7459

## Disability Support Programs & Services (DSPS) Consent for Release of Information

Today's Date: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Last) (First) (M)

Maiden Name or Other Name Used: \_\_\_\_\_

I, the undersigned, authorize:

- ☐ DSPS staff to release information regarding my services and accommodations to appropriate personnel, agencies, or institutions.
- ☐ DSPS staff to use obtained information in order to assist me in my educational attainments and related educational/vocational planning.
- ☐ DSPS certificated staff to discuss my educational progress with other professionals who may have a legitimate educational need to know.

The release of information is contingent upon compliance with the Family Educational Rights and Privacy Act (FERPA) of 1974 or other pertinent laws, regulations, or policies.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(Only required if student is under 18 years of age)

**I authorize DSPS to release my information to the following agency/doctor/person OR have the following agency/doctor/person release my information to Napa Valley College DSPS:**  
(Important note: We cannot release third-party information, i.e., assessment/documentation of disability not completed at Napa Valley College.)

\_\_\_\_\_  
(Agency Name) (Agency Phone Number) (Agency Fax Number)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip code)