



Release of Information

Accessibility Resource Centers for Students

Student's Name	Mt. SAC ID #	Date of Birth
Student's Address	City, State	Zip Code
Phone #		

I hereby authorize Accessibility Resource Centers for Students to release any information pertinent to my disability, college performance, progress and activities at Mt. San Antonio College to the following person/agency:

Release Information To:	
Name:	Phone:
Address:	Fax:
City, State, Zip Code:	
Email:	

I would like my information released via: Mail Fax Phone In Person Email No Preference

Documents/information that I want to be released to the above person/agency:

- Verification of Disability
- Educational Plan
- Academic Accommodation Plan
- Other: _____

This release is effective:

- for the duration of my college enrollment
- from _____ through _____
Date Date

A copy of this release was requested by the student and was provided.

Please note that Family Educational Rights and Privacy Act (FERPA), codified at 20 U.S.C. Section 1232g states that the College can release information about students to college officials who have a legitimate educational interest without the written or verbal consent of the student [34 CFR Section 99.31(a)(1)]. Information disclosed will be at the ACCESS Professional's discretion.

Signature of Student or Legal Representative Date

Mt. San Antonio College, Accessibility Resource Centers for Students
Student Services Center - Bldg. 9B, 1100 North Grand Avenue, Walnut, CA 91789
Voice: (909) 274-4290; Fax: (909) 274-2943; Video Phone: (866) 954-4765

OFFICE USE ONLY	
Date Released: _____	Method: <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Phone <input type="checkbox"/> In Person <input type="checkbox"/> Email
Notes: _____	Signature: _____