



JUNIOR COLLEGE			COLLEGE TO CARTER	resources	
Authorization to Release Information to SRJC			Disability Eliaikility		
To:	North Bay Regional Center Service Coordinator Name		Disability Eligibility: With this signed authorization, Disability Resources Department staff will request disability verification documents from the appropriate Regional Center. Relevant		
	Telephone (include area code)/Email		documents may include, b limited to: IPEs, IEPs, 504	ut are not s, psychiatric	
Notice : Under state law, all information you supply to Santa Rosa Junior College is maintained in student records that are subject to inspection by the named student. A photocopy of this signed form is as valid as the original.			evaluations and/or medical reports. In order to qualify for the College to Career Program at SRJC, applicants must qualify for Regional Center Services under Autism Spectrum Disorder (ASD) and/or Intellectual/Developmental Disability (ID/DD).		
Attention: College to Career Program					
Pioneer Hall 1501 Mendocino Avenue Santa Rosa, CA 95401-4395 Tel: (707) 522-2807 E-mail: c2c@santarosa.edu		If you would like to provide copies of disability verification documents directly to Disability Resources Department staff, you are welcome to do so.			
To be completed by student					
Student's Last Name		First		Middle Initial	
Other Name Used		SRJC Student ID#			
□ I have provided the Santa Rosa Junior College Disability Resources Department (DRD) with copies of school and/or medical records containing information regarding my disability in order to receive disability support services at Santa Rosa Junior College.					
	I authorize any appropriate person and/or agency/institution listed above to release/disclose to Santa Rosa Junior College Disability Resources Department (DRD), information pertaining to my disability, diagnosis, history and/or treatment. Such records may include but are not limited to:				
	 a. Completion of the SRJC Disability Resources Medical Disability Verification form and/or b. Assessments/evaluations, medical/psychiatric/treatment records, school records, and/or case notes. 				
Student's Signature Date					

Signature of Parent/Guardian (if student is under 18)/Student's Conservator

Date