SANTA ROSA JUNIOR COLLEGE

dis Ability resources

Authorization for
Release of Information

To:	**Name of Releasing Agency/Provider** (School, MD, etc.)
	Contact /Title
	Telephone (include area code)

☐ **Santa Rosa Campus**

1501 Mendocino Avenue
Bertolini Student Center, 3rd Fl.
Santa Rosa, CA 95401-4395
Tel: (707) 527-4278
Fax: (707) 524-1768
E-mail: disabilityinfo@santarosa.edu

☐ **Petaluma Campus**

680 Sonoma Mountain Pkwy
Jacobs Hall, Room 101
Petaluma, CA 94954-2522
Tel: (707) 778-2491
Fax: (707) 524-1768
E-mail: disabilityinfo@santarosa.edu

Medical Disability Eligibility:

Complete the medical verification form and/or provide verification of the student's disability(ies) and limitations such as an IEP, 504 plan or medical report.

Learning Disability Eligibility:

Provide all LD documents verifying the student's disability and limitations in order for the student to receive accommodations and support services at Santa Rosa Junior College. Such as:

- Most recent IEP
- Most recent Psychological Evaluation
- Learning Disability Assessment Summary or Report
- Other Disability Documentation

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.*

Last Name	**First**	**MI**
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.

☐ I give permission for the ongoing exchange of information between Santa Rosa Junior College, Disability Resources Department (DRD) and Agency/Provider listed above pertaining to my academic success.
   Permission will remain in effect while I am active in DRD or until this specified date (mm/dd/yyyy)_____

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

KJM5/16/2018