

## Authorization for Release of Information

**To:** **Name of Releasing Agency/Provider** (School, MD, etc.)

---

**Contact /Title**

---

**Telephone** (include area code)

---

### 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

☐ **Santa Rosa Campus**  
1501 Mendocino Avenue  
Bertolini Student Center, 3<sup>rd</sup> 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  
Richard Call Building, Room 600  
Petaluma, CA 94954-2522  
Tel: (707) 778-2491  
Fax: (707) 524-1768  
E-mail: disabilityinfo@santarosa.edu

**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.

<b>Last Name</b>	<b>First</b>	<b>MI</b>
<b>Other Name Used</b>	<b>SRJC Student ID#</b> _____ - _____ - _____	

- ☐ 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) \_\_\_\_\_*

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