

<h2>Authorization for Release of Information</h2>		<b>Medical Disability Eligibility:</b>
<b>To:</b>	<b>Name of Releasing Agency/Provider</b> (School, MD, etc.)	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.
	<b>Contact /Title</b>	
	<b>Telephone</b> (include area code)	
<input type="checkbox"/> <b>Santa Rosa Campus</b> 1501 Mendocino Avenue Bertolini Student Center, 3 <sup>rd</sup> Fl. Santa Rosa, CA 95401-4395 Tel: (707) 527-4278 E-mail: disabilityinfo@santarosa.edu		<b>Learning Disability Eligibility:</b> 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: <ul style="list-style-type: none"> <li>• Most recent IEP</li> <li>• Most recent Psychological Evaluation</li> <li>• Learning Disability Assessment Summary or Report</li> <li>• Other Disability Documentation</li> </ul>
<input type="checkbox"/> <b>Petaluma Campus</b> 680 Sonoma Mountain Pkwy Richard Call Building, Room 600 Petaluma, CA 94954-2522 Tel: (707) 778-2491 E-mail: disabilityinfo@santarosa.edu		
<p style="text-align: center;"><b>Notice:</b> 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.</p>		
<b>Last Name</b>		<b>First</b>
		<b>MI</b>
<b>Other Name Used</b>		<b>SRJC Student ID#</b> _____ - _____ - _____
<input type="checkbox"/> 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.		
<input type="checkbox"/> 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.		
<input type="checkbox"/> 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. <i>Permission will remain in effect while I am active in DRD or until this specified date (mm/dd/yyyy) _____</i>		
<b>Student's Signature</b>		<b>Date</b>
<b>Signature of Parent/Guardian</b> (if student is under 18)		<b>Date</b>