

Disability Support Program and Services: Imperial Valley College

PERMISSION TO DISCLOSE

Date: _____

I, _____, (G#: _____), give permission to DSP&S to discuss my academic achievement with the following individuals and/or agencies. I understand that this information is of a confidential nature and that it is intended to be used with the sole purpose of serving the students' needs appropriately.

- Medical Providers
- Mental Health Agencies
- Parents
- Other: _____

- Student Acknowledgment Staff: _____
- Parent Acknowledgement (If under 18yrs old)