

**Imperial Valley College-Disability Support Programs and Services  
Release of Information**

Imperial Valley College	Name/Address of Treating Physician/Verifying Professional
380 E. Aten Rd Imperial, CA 92251	
DSPS	

**Name of Student:** \_\_\_\_\_ **G#:** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_

**DSP&S Release of Information:**

I, \_\_\_\_\_, authorize the release of information from \_\_\_\_\_  
(Name of Student) (Name of Treating Physician or Verifying professional)  
 regarding my disability(ies) \_\_\_\_\_ to \_\_\_\_\_ IVC-DSPS. All  
(Identify disability) (Name of College/Attn. DSP&S Coordinator)

information will be kept confidential and maintained as a part of my records with the California Community College and DSP&S Office. I authorize the release of information to include one or more of the following records identified below:

- Diagnosis of disability signed by an appropriate medical practitioner or psychologist.
- Psychological testing and evaluation results.
- Vocational Rehabilitation Plan.
- Individual Education Plan (IEP), Psychoeducational Evaluation, 504 Plan.
- Detailed results of assessment, psychological, or medical testing that led to the diagnosis.
- Other:

**A photocopy of this document is as valid as the original.**

<b>This authorization shall remain in effect until revoked in writing by the undersigned.</b>	
Student Signature	Date
Parent Signature	Date

\*The Imperial Community College District uses the information requested on this form for the purpose of determining a student's eligibility to receive authorized special services provided by the Disabled Student Programs & Services (DSP&S) Program. Personal information recorded on this form will be kept confidential in order to protect against unauthorized disclosure. Portions of this information may be shared with the Chancellor's Office of the California Community Colleges or other state or federal agencies; however, disclosure to these parties is made in strict accordance with applicable statutes regarding confidentiality, including the Family Educational Rights and Privacy Act (20 U.S.C 1232(g)). Pursuant to Section 7 of the Federal Privacy Act (Public Law 93-579; 5 U.S.C. S 552a, note), providing your social security number is voluntary. The information on this form is being collected pursuant to California Education Code Sections 67310-67312, and 84850; and California Code of Regulations, title 5, Section 56000 et seq.