

RELEASE OF INFORMATION & DISABILITY VERIFICATION

Name of Student: _____ SSN/ID#: _____
Birthdate: _____ Telephone: _____ E-mail: _____

Name of Licensed/Certified Professional: _____
Address: _____
FAX: _____ Telephone: _____

I authorize the release of the following information:

- Diagnosis of disability signed by an appropriate professional
- Psychological testing (drug and/or alcohol related if applicable) and evaluation results
- Vocational Rehabilitation Plan
- Individual Education Plan (IEP)
- Detailed results of assessment, psychological, or medical testing that led to the diagnosis
- Other: _____

Please attach medical, psychological, and/or educational documentation.

Student Signature _____ Date _____

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

1. Disability or Diagnosis (DSM code and level of severity, if applicable): _____

2. Please describe:
 - a. Substantial Limitations of major life activities: (caring for self, walking, seeing, hearing, breathing, learning, working, sleeping, concentration) _____

 - b. Functional Limitations: (performing manual tasks, mobility, problem-solving, distractibility, dealing with disability and related educational issues, communication skills, medications that effect educational performance) _____

3. Duration of Disability greater than 45 days: Yes No

The San Diego 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 Students Programs and 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. § 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.

I understand that the information provided by the verifying professional will become part of the student record, and may be released to the student upon their written request.

Verifying Professional Signature _____ Date _____

San Diego Mesa College
Disability Support Programs & Services
7250 Mesa College Drive H202
San Diego, CA 92111

Phone: 619-388-2780
TTY: 619-388-2974
FAX : 619-388-2460