

**Golden West College  
Disabled Students Programs & Services (DSPS)  
15744 Golden West Street, Huntington Beach, CA 92647  
(714) 895-8721 (phone, text, fax)  
dsps@gwc.cccd.edu**

**CONSENT FOR RELEASE OF INFORMATION**

TO:

Agency or Certifying Professional	<input type="text"/>				
Address	<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>
				Phone	<input type="text"/>
Email	<input type="text"/>			Fax	<input type="text"/>

**I, the undersigned, consent to and request all appropriate persons, agencies and/or institutions to release information regarding myself consistent with the Federal Family Educational Rights and Privacy Act of 1974, or other laws, regulations, or policies of the Coast Community College District for use in educational/vocational planning. All information will be kept confidential and maintained as a part of my records within the disabled students office at the college. Selected information may be released for mandated State and/or Federal reports. I authorize the release of information which may include one or more of the following records:**

- Verification of disability
- Psychological testing and evaluation results
- Learning disability assessment/LD Evaluation
- Audiology and speech/language pathology reports
- Vocational rehabilitation plan
- Prescribed medications and dosage
- Educational records, including progress made, transcripts, grades
- Other

**I further give permission for DSPS certificated professionals to discuss my educational situation with other professionals who have a legitimate educational need to know.**

**This authorization shall remain in effect during my enrollment or until revoked in writing.**

Student Name:	<input type="text"/>	Date of Birth:	<input type="text"/>
Previous Name(s):	<input type="text"/>	GWC Student #	<input type="text"/>
Student Signature:	<input type="text"/>	Date:	<input type="text"/>

**A photocopy or facsimile of this is as valid as the original**