Student Information Release Authorization

This authorization grants permission to the Accessibility and Support Services (ASC) administrator, counselor or specialist, or other ASC professional to share or discuss information related to school or classroom performance or school/classroom behavior with those persons employed by the Yosemite Community College District for academic progress or academic success. In addition, students may grant Disability Services permission to release information to a third party such as a parent, a spouse, or a sponsor about accommodations and services provided.

By completing this form the student acknowledges that an exchange of information may include discussion with instructor(s) or other individuals to: authorize or review accommodations, schedule appointments, address behavioral concerns, or to discuss any other related need that may affect academic progress or academic success.

STUDENT INFORMATION

I have read and understand this authorization in its entirety. This information release authorization will remain in effect until I provide written notification to the Accessibility and Support Services office to withdraw my authorization or to remove a third party designee.

Student Signature	Print Name	ID Number	Date

THIRD-PARTY DESIGNEES

1. *I understand that this release of information allows me to act as a representative on behalf of a student only pertaining to services provided by Accommodations and Support Services.*

Designee Signature	Print Name	Relation to student	Date

2. *I understand that this release of information allows me to act as a representative on behalf of a student only pertaining to services provided by Accommodations and Support Services.*

Designee Signature	Print Name	Relation to student	Date

3. *I understand that this release of information allows me to act as a representative on behalf of a student only pertaining to services provided by Accommodations and Support Services.*

Designee Signature	Print Name	Relation to student	Date

ASC personnel verifying student identity

Signature	Print Name	Position	Date