



Student Information Release Authorization

This authorization grants permission to the Disability Services (DSPS) administrator, counselor or specialist, or other DSPS 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.

THIRD-PARTY DESIGNEES

I, the student, understand that this release of information allows the following individuals to act as a representative on my behalf only pertaining to services provided by Disability Services.

1. Designee Name

Relation to student

2. Designee Name

Relation to student

3. Designee Name

Relation to student

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 Disability Services office to withdraw my authorization or to remove a third party designee.

You agree your electronic signature is the equivalent of your manual signature on this form.

Student Signature

Print Name

ID Number

Date

DSPS personnel verifying student identity

Print Name

Position

Date