



Information Release Notice to Disability Resource Center (DRC)

Please note that the student must be present during all DRC meetings whether in person, online (video conference), or over phone.

Name:

Date of Birth:

Student Campus-Wide ID:

Student Email:

Please sign and check the appropriate release box/boxes below:

Student Signature: _____ Date:

This authorization will remain in effect until revoked in writing.

RELEASE OF INFORMATION FROM DRC TO OTHER AGENCIES: I authorize the Disability Resource Center at Foothill College to release information to the following person, organization, or agency:

Any pertinent disability information

Specific information listed here:

Name/Organization:

Phone Number:

Fax Number:

Email:

Street Address:

City:

State:

Zip Code:

RELEASE OF INFORMATION ON AN ON-GOING BASIS TO OTHER AGENCIES AND/OR

PERSONS: I authorize the Disability Resource Center at Foothill College to communicate with the following persons regarding my educational development at Foothill College:

Name/Organization:

Phone Number:

Fax Number:

Email:

Street Address :

City:

State:

Zip Code:

RELEASE OF INFORMATION FROM OTHER AGENCIES TO DRC: I hereby request and authorize you to release any information from your records which bears on the medical or health conditions and/or educational development pertaining to me, to the Foothill College Disability Resource Center. **All information will be kept confidential and maintained as part of my records with the Disability Resource Center at Foothill College.**

Name of physician, specialist, agency who can provide verification of disability:

Name/Organization:

Phone Number:

Fax Number:

Email:

Street Address:

City:

State:

Zip Code: