

SOLANO COMMUNITY COLLEGE
Accessibility Services Center (ASC)
RELEASE OF INFORMATION REQUEST

Name of Student: _____ SCCID#: _____

Date of Birth: _____ Home/Cell#: _____

I, _____ authorize the release of information **from**
SCC-Accessibility Services Center regarding my disability
(Name of educational institution, agency, or person who will provide the information.)

To: _____
(Name of educational institution, agency, or person who will receive the information.)

All information collected by Solano Community College will be kept confidential and maintained as part of my records with the Accessibility Services Center (ASC). I authorize the release of information to include one or more of the following records identified below:

- Diagnosis of disability signed by an appropriate medical practitioner or psychologist.
- Psychological testing and evaluation results.
- Vocational Rehabilitation Plan
- Individual Education Plan (IEP)
- Detailed results of assessment, psychological, or medical testing that led to the diagnosis.
- Other: _____.

(Name, address and phone number of the educational institution who will **provide** the information)

Accessibility Services Center / Solano College / 4000 Suisun Valley Rd, Room 407 / Fairfield, CA 94534

Phone: (707) 864-7136

Email: asc@solano.edu

(Address, and phone number of the educational institution, agency, or person who will **receive** the information)

A photocopy of this document is as valid as the original. This authorization will remain in effect until revoked in writing by the undersigned.

Student Signature

Date

The Community College District uses the information requested for the purposes of determining a student's eligibility to receive authorized special services provided by the Accessibility Services Center (ASC). Personal information requested 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.