



Partners in Access to College Education

for students with disabilities

Phone (530) 242-7790, Fax (530) 225-4876

Room 2006, 11555 Old Oregon Trail, Redding, CA 96003

Release of Information

The student named below gives his/her consent for Shasta College Partners in Access to College Education to release the records indicated below. Only disability verification generated by Shasta College Partners in Access to College Education can be released. Records are to be sent to:

To: _____ Date: _____
Name of Business/Agency/School: _____
Address: _____ City: _____ State: ___ Zip: _____
Phone: _____ Fax: _____

Return to: Shasta College
Partners in Access to College Education
11555 Old Oregon Trail, Redding, CA 96003 Fax: (530) 225-4876

Name of Student: _____ *SID: _____
Other Names Used: _____ Birth Date: _____

I authorize Shasta College Partners in Access to College Education to release information regarding my disability(ies) to the Business/Agency/School listed above. I give permission for Partners in Access to College Education professional(s) to discuss my disability with other professionals who have a legitimate educational need to know. I authorize the release of information to include one or more of the following records identified below:

- Learning Disability assessment including WAIS or WJIII, raw and standard scores
- Shasta College Academic Accommodation Plan
- Accommodations provided
- Other _____

A photocopy of this document is as valid as the original.

This authorization shall remain in effect for one year from date of signature below or until revoked in writing by the undersigned.

Signature of Student: _____ Date: _____
Signature of Parent or Guardian: _____ Date: _____
(Required for student under 18 years of age.)

* Personal information recorded on this form 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 e seq.