



# 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 CONFIDENTIAL INFORMATION PERSONS AND AGENCIES AUTHORIZED TO VERBALLY & ELECTRONICALLY EXCHANGE INFORMATION:

\_\_\_\_\_  
Please Print Your Name

\_\_\_\_\_  
Shasta College Student ID

\_\_\_\_\_  
Name(s) of person(s) we are allowed to speak with:

\_\_\_\_\_  
Last name                      First Name                      Relationship                      Phone Number

\_\_\_\_\_  
Last name                      First Name                      Relationship                      Phone Number

\_\_\_\_\_  
Last name                      First Name                      Relationship                      Phone Number

What we are allowed to discuss with person(s) listed above:

Schedule appointments only       Discuss grades/progress in classes

Academic Adjustments & Services       Admissions & Records Transactions

Other: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
(Print Your Name Legibly)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
(Print Your Name Legibly)

\_\_\_\_\_  
Date

If under the age of 18 or

under Conservatorship \*Proof of conservatorship must be provided\*

The student or, if a minor, his/her parent/guardian has a right to receive a copy of this authorization. (Civil Code 55.10)

**AUTHORIZATION REMAINS IN EFFECT FOR ONE YEAR FROM THE DATE SIGNED**