



# PASADENA CITY COLLEGE

Disabled Student Programs & Services

Disabled Student Programs & Services (DSP&S)  
1570 E. Colorado Blvd.  
Pasadena, CA 91106  
(626) 585-7127 | Fax (626) 585-7566 | dsps@pasadena.edu

Last Active year Date \_\_\_\_\_

Today's Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## Authorization for Release of Records

in accordance with Family Educational Rights and Privacy Act (FERPA)

### 1. Authorization

I authorize Pasadena City College DSP&S (PCC) to release information as indicated below.

Student Name: \_\_\_\_\_ PCC ID#, Last 4 SSI or ITIN: \_\_\_\_\_  
*Last name, first name, middle initial*

2. Release. Check a box to where the documents are to be sent: person ☐ or agency ☐

\_\_\_\_\_  
*Last name, first name, middle initial* (Relationship to Student/myself)

\_\_\_\_\_  
*Telephone number* *FAX number* *Email*

I hereby authorize the DSP&S staff person and/or the person, agency, or school listed above, permissions to share the following information:

- |   |   |
|---|---|
| <input type="checkbox"/> AAP/CAP                          | <input type="checkbox"/> Psycho Educational Evaluation  |
| <input type="checkbox"/> Assessment Score/results         | <input type="checkbox"/> Section 504  |
| <input type="checkbox"/> Conservator or power of attorney | <input type="checkbox"/> DSP&S file record (upon release must schedule an appointment with a Lead Teacher Specialist) |
| <input type="checkbox"/> Individual Education Plan (IEP)  | <input type="checkbox"/> Other: (please specify) _____  |
| <input type="checkbox"/> Medical Records                  |   |
| <input type="checkbox"/> Previous Accommodations          |   |

\*Please note IEP's or Section 504 plan are not accepted by a third-party agency

Disclosure:

\*Please allow up to 5 business day for a request to be processed

\*Request party is responsible to make additional copies once processed

\*File records in DSP&S are not obligated to be kept for more than 3 years. For more details, see Title 5 Section 59020-59026 **Retention and Destruction of Records**, located within the DSPS Solutions website.

[http://www.dspssolutions.org/sites/default/files/resources/Title\\_5\\_Section\\_59020-59026\\_Destruction\\_and\\_Retention\\_of\\_Records\\_acc\\_07.11.17.acc\\_.pdf](http://www.dspssolutions.org/sites/default/files/resources/Title_5_Section_59020-59026_Destruction_and_Retention_of_Records_acc_07.11.17.acc_.pdf)

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Personal information recorded on this form will be kept confidential in order to protect against unauthorized disclosure.

\*For DSPS use only –

Processed on: \_\_\_\_\_ Processed by: \_\_\_\_\_