

# ACCESS CONSENT FOR RELEASE OF INFORMATION

Name: \_\_\_\_\_  
Last First Middle

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Maiden Name or Other Used: \_\_\_\_\_  
Last First Middle

I, the undersigned, request any appropriate person and/or agency or institution to release information consistent with the Federal Educational Rights and Privacy act of 1974, or other laws, regulations, or polices to Barstow Community College for use in educational/career planning. All information will be kept confidential and maintained is part of my records with ACCESS at Barstow Community College.

I authorize the release of information to include one or more of the following records:

- Please INITIAL All That Apply:**
- \_\_\_\_\_ Verification of disability/general medical
  - \_\_\_\_\_ Psychological testing and evaluation results
  - \_\_\_\_\_ Audiology and speech/language pathology reports
  - \_\_\_\_\_ Educational records, Individual Education Plan (IEP), including progress made
  - \_\_\_\_\_ Vocational Rehabilitation Plan (IEP)
  - \_\_\_\_\_ Detailed results of learning and/or disabilities (psychological or medical testing that led to the diagnosis)
  - \_\_\_\_\_ Other: \_\_\_\_\_
  - \_\_\_\_\_ Other: \_\_\_\_\_

I further give my permission to ACCESS Counselors and/or Specialists to discuss these records with other professionals at Barstow Community College who have a legitimate educational need to know, and I give permission for ACCESS to forward these records to other educational institutions upon my written request.

This authorization shall remain in effect until revoked in writing by the undersigned.

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

Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature required for students under 18 years of age  
A photocopy of this is valid as the original