

Name: _____
Last First M

Social Security#: _____ Date of Birth: _____

Maiden Name or Other Used _____
Last First M

I, the undersigned, request any appropriate person and/or agency or institution to release information consistent with the Federal Family Educational Rights and Privacy Act of 1974, or other laws, regulations, or policies to RIVERSIDE CITY COLLEGE for use in educational/career planning. All information will be kept confidential and maintained as part of my records with the DSP&S Office at the 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 medicine

____ Psychological testing and evaluation results

____ Audiology and speech/language pathology reports
