



CAL POLY

Student Affairs
Disability Resource Center

Disability Resource Center, Bldg 124 - 119
California Polytechnic State University
San Luis Obispo, CA 93407
Phone: 805-756-1395 Fax: 805-756-5451
Email: drc@calpoly.edu

Consent to Release Information Form

I, _____, ID # _____, hereby voluntarily authorize the Disability Resource Center at California Polytechnic State University, San Luis Obispo to exchange information described below to the following individual/agency:

Name of Individual/Agency

Street Address

City

Zip

Email

Phone

Fax

This exchange of information is limited to the following items:

Disability & Functional Limitations

Accommodations

Academic Status

Other (Please specify): _____

For the purpose of: _____

To be sent via: Email Fax

- I understand that I have the right to withdraw this authorization at any time.
- I understand that I do not have to sign this authorization to receive services.
- I understand that once my information is disclosed as I have authorized, it could be re-disclosed by the recipient and is no longer protected by Cal Poly Disability Resource Center.
- I understand that signing this authorization does not cancel any rights I have under other state or federal laws.
- I understand that this form will remain valid for 12 months per California law after the date of signature, unless otherwise specified here: _____

Student Signature

Date