

AUTHORIZATION for RELEASE of INFORMATION

I, _____, hereby voluntarily authorize:

California Polytechnic State University
Disability Resource Center
Phone: (805) 756 – 1395 Fax: (805) 756– 5451
drc@calpoly.edu

To exchange information with:

From the records of:

Name of Parent/Clinician/Organization

Student's Name EMPL ID

Street Address

Street Address

City State Zip Code

City State Zip Code

Phone: _____ FAX: _____

Phone: _____ FAX: _____

I AUTHORIZE the following information to be disclosed:

(Please initial all that apply)

____ Entire Record _____ Written Exchange (i.e.; Email, Letter, etc.) _____ Phone Call
____ Diagnosis _____ Academic Status _____ Accommodations
____ Please release only the following information: _____

REASON for disclosure of disability-related information: (Please initial one)

____ At my request _____ Academic _____ To discuss accommodations/services
____ To determine eligibility and/or accommodations
____ Other (specify): _____

ADDITIONAL STUDENT INFORMATION:

- 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/continue receiving 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.

Student Signature Date: _____

If Requesting expiration EARLIER or LATER than one year of this Authorization:
**Per California law, this Authorization will automatically expire 12 months after the date of my signing this form unless you specify an earlier expiration date:

Student Signature Date: _____

* Consider using Preview (Mac), Adobe Reader XI (Mac/PC), or a free app (e.g. DocuSign) to electronically sign this form.
** You have the right to withdraw this authorization at any time. To withdraw, submit your request in writing to the DRC.