

## Consent for Release of Information

Student Accessibility Services (SAS)

Merritt College

The completion of this document allows for the disclosure and/or use of individual identified education records and health information, as set forth below, consistent with disclosure laws under the Federal Family Education Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act (HIPAA) for use of implementing educational support services by Student Accessibility Services (SAS) at Merritt College. A photocopy of this is valid as the original.

### Student Information (Requestor)

Last Name	First Name	Other Name Used
Date of Birth	Phone Number	Student IDN, MRN or last four digits of SSN
Email Address	Address	

### Institution or Agency Authorized to Release Information

Organization or Medical Provider Name	Phone Number	
Street Address	City, State, Zip	Fax Number

I, the undersigned, request the above named appropriate person, agency or institution to release information consistent with the Federal Family Education Rights and Privacy Act of 1974, or other laws, regulations, or policies to this college for use in educational/vocational planning.

All information will be kept confidential and maintained as part of my records with the SAS office at the college. Selected information may be released for mandated state and/or federal reports. I authorize the release of information which may include one or more of the following records:

- Verification of disability
- Psychological testing and evaluation results
- Learning disability assessment
- Audiology and/or speech/language diagnostic reports
- Vocational rehabilitation plan or Individualized Plan for Employment (IPE)
- Prescribed medications and dosages
- Educational records such the Individualized Education Plan (IEP) or 504 plan
- Other: \_\_\_\_\_

I further give permission to SAS certificated program staff to discuss my educational situation with other professionals who have a legitimate educational need to know. This authorization shall remain in effect during my enrollment or until revoked in writing.

Signature of Student X	Date
Signature of Parent or Guardian (Required for student under 18 years of age) X	Date