

Consent to Release Student Information

Instructions

1. This consent is solicited pursuant to the Family Educational Rights and Privacy Act of 1974 as amended.
2. Fill out and submit this form to DSS no later than eight (8) weeks before the start of the trimester during which services are first requested.

From—*Please print student name.*

Student ID No. _____

To—*Please select as many contacts as needed and print the correct name.*

<u>Relationship</u>	<u>Name</u>
<input type="checkbox"/> Father	_____
<input type="checkbox"/> Mother	_____
<input type="checkbox"/> Legal Guardian	_____
<input type="checkbox"/> Diagnostician	_____
<input type="checkbox"/> Treatment Provider	_____
<input type="checkbox"/> Other _____	_____
<input type="checkbox"/> Other _____	_____
<input type="checkbox"/> Other _____	_____
<input type="checkbox"/> Other _____	_____
<input type="checkbox"/> Other _____	_____

The only type of information that is to be released under this consent is: all information regarding my eligibility, accommodations, and service. The information may be released to determine my eligibility and to plan for or provide accommodations and services. By signing below I attest to the following:

- I understand the information may be released orally or in the form of copies of written records.
- I have a right to inspect any written records released pursuant to this Consent.
- I understand I may revoke this Consent prospectively.
- I have received a copy of the Southern California Seminary FERPA policy.

Signature _____

Date _____