



2277 Napa-Vallejo Hwy., Napa, CA 94558 | (707) 256-7345 | Room 1766

Consent for Release of Information

Date: _____ Student ID: _____

Name: _____ Date of Birth: _____

Maiden Name or Other Used: _____

I, the undersigned, authorize:

DSPS staff to release information regarding my services and accommodations to appropriate personnel, agencies, or institutions.

DSPS staff to use obtained information to assist me in my educational attainments and related educational/vocational planning.

DSPS certificated staff to discuss my educational progress with other professionals who may have a legitimate educational need to know.

The release of information is contingent upon compliance with the Family Educational Rights and Privacy Act (FERPA) of 1974 or other pertinent laws, regulations, or policies.

Student Signature: _____ **Date:** _____

Signature of Parent or Guardian: _____ Date: _____
(Only required if student is under 18 years of age)

I authorize DSPS to release my information TO the following agency/doctor/person OR have the following agency/doctor/person release my information TO Napa Valley College DSPS:

(Important note: We cannot release third-party information, i.e., assessment/documentation of disability not completed at Napa Valley College.)

Agency Name: _____ Agency Phone Number: _____

Address: _____

City, State, Zip: _____