



# SADDLEBACK COLLEGE

28000 Marguerite Mission Viejo, CA 92692

949.582.4885 www.saddleback.edu

## Disabled Student Programs & Services (DSPS) Consent for Release of Student Information Form

Student Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Other Name Used (if applicable): \_\_\_\_\_  
Last First Middle

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**I hereby authorize DSPS faculty/staff to provide information to the individual/ organization listed below. I understand that, despite this authorization, this person cannot act on my behalf. As the student, I must be present during DSPS appointments, and am expected to remain actively engaged in all communication concerning my DSPS accommodations and services.**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Regarding:

Accommodations: \_\_\_\_\_ Medical: \_\_\_\_\_

Appointment Information: (attendance history) Other: \_\_\_\_\_

Academics: (grades, class schedule, GPA, transcript, units enrolled, attempted, or completed, academic standing: probation or dismissal)

Any Information

- This consent may be revoked at any time upon a written statement from the student.
- A copy of this document is as valid as the original.
- This authorization shall be limited to the individual(s) and/or organizations named above.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

The Family Educational Rights and Privacy Act of 1974 is a federal law protecting the privacy of education records of students. Any educational institution that receives funds under any program administered by the U.S. Secretary of Education is bound by FERPA requirements. Institutions that fail to comply with FERPA may have federal funds withheld.