

Authorization to Release Information



Accessibility Coordination Center & Educational Support Services

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ ID# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I authorize ACCESS at Moorpark College to release  any pertinent disability information  specific information listed below

\_\_\_\_\_

to the following person, organization, or agency:

Name/ Organization: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Attention: \_\_\_\_\_

Preferred Method of Release:  Mail  Fax  No Preference

Student Signature: \_\_\_\_\_

Parent Signature (if under 18 years old): \_\_\_\_\_

\*\*\*\*\*Office Use Only\*\*\*\*\*

Date sent: \_\_\_\_\_

Method:  Mail  Fax

Notes:

Signature: \_\_\_\_\_