

MOORPARK COLLEGE

CONSENT FOR EXCHANGE OF INFORMATION



Accessibility Coordination Center & Educational Support Services
7075 Campus Road, Moorpark, CA 93021
Phone: (805) 378-1461 Fax: (805) 378-1594

To: _____, Treating Professional or Verifying Institution

Address: _____

Phone: _____ Fax: _____ Date of last service(s): _____

Re: _____, Student SS # _____ - _____ - _____ DOB _____ - _____ - _____

Please indicate any other name(s) used: _____

I consent to the release of information regarding my disability(ies) to Moorpark College *ACCESS*. I understand this information will be used to determine my eligibility for special services and/or accommodations. This information will be used consistent with the Federal Family Education Rights and Privacy Act of 1974, and other laws, regulations, or policies in compliance with Section 504 of the Rehabilitation Act and The Americans with Disabilities Act. I understand that all information will be confidentially maintained as part of my records with *ACCESS*. I authorize the release of information to include the records identified below:

- Diagnosis of disability signed by an appropriate medical practitioner or psychologist
- Psychological testing including evaluation results and diagnosis
- Vocational Rehabilitation Plan
- Learning Disability Assessment Results
- Educational records (including Individualized Education Plan -IEP) and any other data pertinent to assisting us in formulating an effective educational plan
- Audiologist and speech/language pathology reports
- Detailed results of psychological or medical testing that led to the disability diagnosis
- Other _____

I further give permission for *ACCESS* staff to discuss my educational requirements with other professionals, including instructors on campus, who have a legitimate educational need to know. This authorization shall remain in effect during my enrollment at Moorpark College or until revoked by me in writing and signed by the *ACCESS* Coordinator.

Information may also be released to _____

Student Signature **Required** _____ Date _____

Moorpark College *ACCESS* and the Ventura County Community College District use the information requested on this form for the purpose of determining a student's eligibility to receive authorized special services provided by *ACCESS*. Personal information recorded on this form will be kept confidential in order to protect against unauthorized disclosure. Portions of this information may be shared with the Chancellor's Office of the California Community Colleges or other state or federal agencies; however, disclosure to these parties is made in strict accordance with applicable statutes regarding confidentiality, including the Family Education Rights and Privacy Act (20 U.S.C.1232 (g)). Pursuant to Section 7 of the Federal Privacy Act (Public Law 93-579; 5 U.S.C. s552a, note), providing your social security number is voluntary. The information on this form is being collected pursuant to California Education Code Sections 67310-67312, and 84850; and California Code of Regulations, Title 5, Section 56000 et. seq.