

ANTELOPE VALLEY COLLEGE
 OSD RELEASE OF INFORMATION
 Office for Students With Disabilities

Name/Address of College	Name/Address of Treating Physician/Verifying Professional
Attn. OSD Director	

Name of Student: _____ *Student ID#: _____
 Birthdate: _____ Telephone #: _____

OSD Release of Information:

I, _____, authorize the release of information from _____ regarding my
(Name of Student) *(Name of Treating Physician or Verifying Professional)*
 disability(ies) _____ to Antelope Valley College. All information will be kept
(Identify disability(ies)) *(Name of College/Attn. DSP&S Coordinator)*
 confidential and maintained as a part of my records with the California Community College Office for Students With Disabilities (OSD) Office.
 I authorize the release of information to include one or more of the following records identified below:

- Diagnosis of disability.
- Psychological testing and evaluation results.
- Vocational Rehabilitation Plan.
- Individual Education Plan (IEP)
- Detailed results of assessment, psychological, or medical testing that led to the diagnosis.
- Other:

A photocopy of this document is as valid as the original.

I further give permission for OSD staff to discuss my educational situation with other professionals who have a legitimate need to know.

This authorization shall remain in effect until revoked in writing by the undersigned.

Student Signature: _____ Date: _____

The Community College District uses the information requested on this form for the purpose of determining a student's eligibility to receive authorized special services provided by the Disabled Students Services Program. 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 Educational 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. § 552a, 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.