

Consent for Release of Information

_____ I authorize the release and/or exchange of confidential information **from DRES** to the person or office named below.

_____ I authorize the release and/or exchange of confidential information **to DRES** from the person or office named below.

Check all that methods of releasing and exchanging information that apply:

_____ Email _____ Postal Mail _____ Phone _____ Fax _____ In Person

_____ I am revoking authorization for the release and exchange of confidential information to the entity named below.

Effective Date: _____

Release of Information

Please note: The documents released will contain confidential student records that cannot be re-disclosed by you to another party without prior consent from the student. Unauthorized disclosure is prohibited by law.

Name or Organization		Address
Phone	Fax	Email

Purpose for Releasing and Exchanging Information

_____ To determine current disability status, functional limitations, and reasonable academic accommodations.

_____ To register as a student with a disability at another educational institution.

_____ To coordinate student services with other on-campus departments.

_____ Other (Please explain): _____

Nature of Information to be Released or Exchanged

_____ Letter verifying student's DRES registration and approved accommodations. _____ Disability documentation.

_____ Other (Please explain): _____

Complete the Following Questions to Personally Inspect Your Records

1. What records do you request to personally inspect?
2. What records do you request copies of?

_____ I understand that my consent to release this information shall be valid for **a period not to exceed one year** from the date this consent form is signed, unless otherwise specified. I have the right to revoke this authorization at any time, which I must do in writing.

If other than 1 year, specify expiration date: _____

Student Name	CSUN ID
Previous Name (If applicable)	Date of Birth (Month/Day)
Student Signature	Today's Date

DRES Office Use Only

Action Taken

- ☐ Request approved.
- ☐ Appointment is needed. _____ is the person to make an appointment with to review your records.
- ☐ No records found.
- ☐ Request denied.

Other (Please explain): _____

Authorizing Staff Signature: _____ Date Action Taken: _____

DRES Released Information Via

- ☐ Student picked up from DRES (BH 110) ☐ Phone
- ☐ Email ☐ Postal Mail
- ☐ Fax

Request Completed

Date request completed: _____ Person completing request: _____