

## 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.

Confidential information can be released and/or exchanged via email, mail, telephone, fax, verbally or in person. Check all that apply:

**via email**       **via mail**       **via telephone**       **via fax**       **verbally**       **in person**

I am revoking authorization for the release and/or exchange of confidential information to the person or office named below.      Effective Date:

### Release of Information\*:

Name / Organization:       Address:

Phone Number:       Fax:       Email:

### Purpose for releasing and/or 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 and/or exchanged:

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

Other Please explain:

### Complete the following question(s) to personally inspect your record(s).

1. What record(s) do you request to personally inspect?

2. What record(s) 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: \_\_\_\_\_      Previous Name: \_\_\_\_\_      CSUN ID: \_\_\_\_\_  
(if applicable)

Date of Birth: \_\_\_\_\_      Student Signature: \_\_\_\_\_      Today's date: \_\_\_\_\_  
(Month / Year)

**\* Please note:** The attached document(s) 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 federal law.

## DRES Office Use Only:

### Action Taken:

- Request **Approved**.
- Appointment is needed.**  is the person to make an appointment with to review your records.
- No Record(s) Found**
- Request **Denied**

Other (please explain):

Authorizing Staff Signature:

Date Action Taken:

### DRES released information via:

- Student picked up from DRES office (BH110)
- Email
- Fax
- Phone
- Postal Mail

### Request Completed

Date Request Completed:

Person Completing Request: