

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: