



Disability Support Programs and Services
1313 Park Blvd. • San Diego, CA 92101
Tel: (619) 388-3513 • TTY: (619) 388-3313 • Fax: (619) 388-3801

CONFIDENTIALITY AND INFORMED CONSENT

Student Name: _____

Maiden Name or Other Name(s) Used: _____

Date of Birth: ____/____/____ **Social Security/ID#:** _____

I, the undersigned, give permission for Disability Support Programs and Services (DSP&S) counselors and faculty to discuss my disability-related educational needs and accommodations with other San Diego Community College District (SDCCD) professionals who have a legitimate educational need to know. Disability verification may be shared with other SDCCD DSP&S programs. (Consistent with the Federal Family Educational Rights and Privacy Act of 1974, or other laws, regulations, or college policies.)

I understand that reports and other written information pertinent to me will be kept confidential and maintained as a part of my records with the San Diego City College DSP&S office. Furthermore, I understand that selected data may be released with **no** personal identification as data for mandatory state reports.

This authorization shall remain in effect during my enrollment, or until revoked in writing.

(Student Signature)

(date)

(DSP&S Counselor Signature)

(date)