



Disability Programs & Services Release for Student Records

PLEASE TYPE OR PRINT CLEARLY

STUDENT I.D. NUMBER

STUDENT LAST NAME

STUDENT FIRST NAME

Chaffey College's DPS Department will not release information about your education records without your written consent. To grant your parent, guardian, self, or another third party access to your Chaffey College education records, you must complete, sign, and submit this form. **We will not disclose any information from your education records to individuals not identified in the authorization section below.**

Please present your Chaffey Student ID or provide photocopy of your ID when submitting this form remotely.

I authorize the following individual(s)/institution to receive any of my institutional records or information:

LAST NAME	FIRST NAME
REALTIONSHIP TO STUDENT (Write "Self" if you are receiving your documents)	EMAIL
INSTITUTION/ ENTITY	PHONE NUMBER
	FAX NUMBER
ADDRESS	
The above named person/institution is authorized to have informational access ONLY to:(check all that apply)	
<p>Disability Verification including: diagnosis, permanent or temporary status, and functional limitations</p> <p>Psychological Testing: including evaluation results and diagnosis</p> <p>Learning Disability Assessment Results</p> <p>Academic Records: Registration status, student ID, grades, and/or enrollment information</p> <p>Enrollment Changes: Including requests to add or drop a course, or change your grading option on your behalf</p>	

For Office Use Only

Received by _____

Date _____

Exp Date _____

Questions? Contact DPS:

General Help: dps.staff@chaffey.edu

Return a signed copy of this form to:

E-mail Dps.records@chaffey.edu

What is FERPA?

FERPA grants you, the student, the right to privacy of and access to your official records maintained by Chaffey College.

Under FERPA, your education records including grades, financial information, DPS records, and notice of academic and disciplinary actions are confidential unless you grant permission to release information to others. Chaffey College will not release information about your education record without your written consent, except where FERPA allows for an exception. More information about FERPA and exceptions can be found at: <https://www2.ed.gov/policy/gen/reg/ferpa/index.html>

Photocopy of your ID is needed when submitting this form digitally.

To authorize additional individuals, please attach a supplemental sheet with all information listed above.

Chaffey College assumes no liability for honoring your instructions. Chaffey College's Department of Disability Programs and Services and its employees cannot be held liable for released information once it has been removed from our office. I understand that upon taking my records from DPS into my personal custody, I assume all responsibility for preserving the confidentiality of the enclosed document(s).

I understand that only I can order transcripts. Permissions on this form do not give third parties access to request transcripts on my behalf.

I understand this information may be released verbally or in writing, depending on situation. I have a right to inspect any written records released pursuant to this consent, and may revoke this consent at any time by submitting a written request to do so. This form overrides all previous forms submitted. I recognized that an electronic signature on this form is as valid as a written signature.

REVOKE AUTHORIZATION:

At any point in the future, if you would like to revoke this authorization, please Contact DPS at dps.staff@chaffey.edu
Authorization good for one year unless other date indicated.

End Date _____

STUDENT SIGNATURE (REQUIRED)

DATE