

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.

This form is intended for the DPS Department only and submission of this form will not grant access to other Chaffey College departmental information or records

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

_____	_____
Last Name	First Name
Relationship to Student (write "Self" if you are receiving your documents)	

E-mail	

Institution/Entity	Phone Number
_____	_____
Address	

Fax Number	

The above named person/institution is authorized to have informational access ONLY to: (check ALL that apply)	
<input type="checkbox"/> Disability Verification including: diagnosis, permanent or temporary status, and functional limitations	
<input type="checkbox"/> Psychological Testing: including evaluation results and diagnosis	
<input type="checkbox"/> Learning Disability Assessment Results	
<input type="checkbox"/> Academic Records: Registration status, student I.D., grades, and/or enrollment information	
<input type="checkbox"/> Enrollment Changes: Including requests to add or drop a course, or change your grading option on your behalf	

Student Signature (Required) _____

Date _____

Photocopy of your I.D. and your designees ID is needed when submitting this form digitally or in person.

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 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>

FOR OFFICE USE ONLY

Received by: _____

Date: _____ Exp. Date: _____

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.

FERPA Form Addendum: Appointment and Attendance Stipulations

This form does not grant the designated individual the authority to attend counseling appointments, classes, or any other required activities on behalf of the student. The designated individual is permitted to book appointments; however, the student themselves must be present and participate in all counseling sessions, classes, and other required activities.

By signing this form, the student acknowledges and agrees that:

Attendance Requirement: Only the student can attend and participate in their counseling appointments, classes, and any other required activities. The designee is not permitted to attend these activities on behalf of the student under any circumstances.

Appointment Booking: The designated individual may assist in scheduling appointments for the student. However, the responsibility to attend these appointments lies solely with the student.

Non-transferability: The permissions granted by this form are strictly limited to accessing educational records and booking appointments. They do not extend to attending any appointments, classes, or activities that require the student's presence.

By adhering to these stipulations, both the student and the designee agree to comply with the guidelines set forth to ensure the student's personal involvement in their educational and counseling activities.

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: _____