CCa California College
of the Arts

Access / Disability Services
Consent for Exchange of Confidential Information

Student Name: _____   I.D. #:   _____

Address: _____   Phone: _____

                   _____   Email: _____

I hereby authorize all pertinent educational, medical, and/or psychological information regarding myself to be exchanged between Access / Disability Services and the individuals or agencies indicated below for the purpose of providing accommodations

Initial:

_____ On-Campus Services (California College of the Arts Faculty/Staff)
Information will be released to California College of the Arts employees on a need to know basis only. Generally this means that if a student requests an accommodation, and the cooperation or support of a faculty or staff person is needed in order to fulfill the request, that person will be informed about the request and that the reason for the request is disability-related.

If needed in order to work effectively with and/or make appropriate decisions regarding the student, the faculty or staff person may also be informed of the impacts of the disability that create the need for the accommodation. In rare instances, when the faculty or staff person has a valid need to know, the type of disability will also be identified.

Specific information from the student's documentation (test scores etc.), and the documentation itself, will be released only under any of the following conditions:
• to person(s) who have specific, written permission from the student;
• to person(s) hearing an appeal or grievance, when a review of the documentation is essential to that process;
• to person(s) with power to intervene when knowledge of the information is necessary to protect the health or safety of the student or other individuals.

_____ Off-Campus Services (i.e. Diagnostic Professionals, Dept. of Rehabilitation, etc.)
Information about any student, other than directory information as defined by the Student Records Office, will be released or exchanged with persons who are not employees of California College of the Arts only under any of the following conditions:
• to person(s) who have specific, written permission from the student;
• to person(s) with power to intervene when knowledge of the information is necessary to protect the health or safety of the student or other individuals;
• as required by a subpoena issued by a court.

_____ Parents / Family Members (please specify relationship to student):
_____

_____ Others (please specify relationship to student):
_____

SIGNATURE: *I understand that I may modify or revoke this consent at any time except to the extent that action has already been taken upon this release.*

Student: _____   Date: _____