SAN JOAQUIN DELTA COLLEGE
DISABILITY SUPPORT PROGRAMS & SERVICES (DSPS)
DERICCO BUILDING, ROOM 234
5151 PACIFIC AVENUE, STOCKTON, CA 95207
PHONE: (209) 954-5151, EXT. 6272 ▪ FAX: (209) 954-3758

CONSENT FOR RELEASE OF INFORMATION

Name: ______________________ SSN/ID: ______________________

Address: ______________________ City, Zip ______________________

Phone: ______________________ DOB: ______________________

Maiden name/other name used: ______________________

In order to receive disability related services at San Joaquin Delta College, a verification of disability must be provided. I hereby authorize the treating professional named below to complete a Confidential Disability Verification Form to include one or more of the following records identified below.

Check one:

- ❑ Audiology and speech/language pathology reports
- ❑ Educational records, including progress made
- ❑ Learning disability assessment
- ❑ Psychological testing and evaluation results
- ❑ Verification of disability
- ❑ Vocational rehabilitation plan
- ❑ Other: ______________________

Name of Licensed or Certified Professional: ______________________

Affiliated Organization/Agency: ______________________

Address: ______________________ *City, Zip:* ______________________

Phone: ______________________ *Fax:* ______________________

Email: ______________________

I understand that this information will be kept confidential and will be used only in providing reasonable academic accommodations.

Student Signature: ______________________ ***Date:*** ______________________

Signature of Parent/Guardian: ______________________ ***Date:*** ______________________
(Required for students under 18 years of age)