SANTA BARBARA CITY COLLEGE
Disability Services & Programs for Students

Student Authorization for Release of Disability Verification

STUDENT, PLEASE COMPLETE:

Today's Date: ______/______/______

Name: ____ K#: ______________________________

DOB: ______/______/______ Phone: (_______) _________________

I hereby authorize the release of information requested in this document to DSPS and further authorize DSPS to communicate with the named individual or agency identified below to obtain clarification, as needed, to determine my eligibility for disability services at Santa Barbara City College (SBCC).

This authorization for release of information is valid for 6 months

Please return this form and any relevant records to:

☐ Student/Requestor
☐ DSPS
__Mail: Santa Barbara City College · 721 Cliff Dr. · Santa Barbara, CA · 93109
__Fax: (805) 884-4966
__Email: dsps@sbcc.edu

STUDENT ACKNOWLEDGMENT OF DSPS RELEASE OF INFORMATION POLICY

1. *Disability-related documents created by a California Community College will only be released to an outside party with the written consent of the student (per FERPA). These documents may include, but are not limited to: California Community College Learning Disabilities Assessment (from SBCC or another California Community College), a listing of SBCC-approved academic accommodations, and/or the student's DSPS Academic Accommodation Plan from SBCC.*
2. ***DSPS will not re-release documents originating from agencies, organizations, or individuals to the student or other parties.** Therefore, students submitting third-party documentation (i.e., medical records, diagnostic reports, IEP's, 504 Plans, etc.) should maintain personal copies for future use.*

Student's Signature: ____ Date: _______________________

This is a two-sided document and must be returned to DSPS with both sides intact to ensure its validity.

LICENSED/CERTIFIED PROFESSIONAL, PLEASE COMPLETE:

A diagnosis does not, in and of itself, qualify a student for accommodations under the Americans with Disabilities Act Amendments Act (ADAAA). Accommodations are not based on the student's diagnosis, but instead are designed to address the barrier(s) caused by any functional limitation(s) related to the condition. Disability Services & Programs for Students (DSPS) provides academic accommodations and services to students with diagnosed disabilities. To be eligible for these services, students must present documentation of their condition(s) so DSPS may determine their eligibility for services as defined by federal and state statutes. Your assistance in providing the information requested in this form will help determine reasonable academic accommodations.

Please write legibly. Illegible forms will delay the documentation review process for the student.

1. Student's Name ____ DOB: ____/____/____
2. Diagnosis(es): ____

   ____

   If applicable: ❑ ICD-10 ❑ DSM-5 Code(s): _____________________ Severity: ____________________

   Dates of diagnosis(es): ____

   Date of last contact with patient: ______/______/______

3. This condition is: ❑ Chronic/Permanent ❑ Temporary (estimated duration: _____________) ❑ Episodic

4. Identify functional limitations of diagnosis(es) in an educational setting (e.g., dexterity, stamina, concentration, processing):

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5. Describe the patient's current symptoms, current medications and side effects, and any situation and/or environmental triggers that could exacerbate the condition:

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6. Please attach relevant records (e.g., psychological, vision, psycho-educational, audiological)

   Name of Professional: ____

   License #: _________________________________

   Title: ____________________________________

   Phone: (_____________) _______________________

   Address: ____

7. My signature acknowledges that I am licensed to verify/certify the diagnosis(es) documented above.

   Professional's Signature: ____ Date: ________________

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