



***Disability Support Services***  
**900 Otay Lakes Road**  
**Chula Vista, CA 91910**  
Phone (619) 482-6512  
Fax (619) 482-6511  
VP (619) 207-4480

## **High School Consent to Release Confidential Information**

Student: \_\_\_\_\_  
Please Print

Birthdate: \_\_\_\_\_ SSN: \_\_\_\_\_

I hereby authorize the agency listed below to release any confidential disability information from their records that may include medical or health conditions and/or educational assessments (including psychological evaluation data), etc. to Disability Support Services at Southwestern College.

\_\_\_\_\_  
Name of school, physician, or agency

\_\_\_\_\_  
Address

\_\_\_\_\_  
Graduation Date/Last Date Attended

Information Requested:

- ☐ Summary of Performance
- ☐ Psychological Report
- ☐ Most recent IEP
- ☐ Speech/Language Report
- ☐ Other \_\_\_\_\_

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

To request this document in an alternative format, please call (619) 482-6512, VP (619) 207-4480.