



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

Consent to Release Confidential Information

Student Name: _____

Telephone #: _____

Student Birthdate: _____ SWC ID #: _____

I hereby authorize Disability Support Services at Southwestern College 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 the agency/educational institution listed below

Name of school, physician, or agency, etc.

Address

Student's Signature Date

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