



FOOTHILL COLLEGE

12345 El Monte Road
Los Altos Hills, CA 94022
www.foothill.edu/al

DISABILITY RESOURCE CENTER (DRC)
Phone: (650) 949-7017/7102
Fax: (650) 559-3670, Building 5400

INFORMATION RELEASE NOTICE TO DRC

Student Name _____
Medical record or SSN-optional _____

Date of Birth: _____
SID#: _____

Please Sign and Check the Appropriate Release Box(es) Below

Student Signature _____

This authorization will remain in effect until revoked in writing.

RELEASE OF INFORMATION FROM DRC TO OTHER AGENCIES-I authorize Disability Resource Center to release to the following person, organization or agency:

Any pertinent disability information

Specific information listed here: _____

Name/Organization _____

Street Address _____

City/State/Zip _____

Phone Number _____ Fax Number _____

RELEASE OF INFORMATION ON AN ON-GOING BASIS TO OTHER AGENCIES AND/OR PERSONS-I authorize Disability Resource Center to communicate with the following persons regarding my educational development at Foothill College:

Name/Organization _____

Street Address _____

City/State/Zip _____

Phone Number _____ Fax Number _____

RELEASE OF INFORMATION FROM OTHER AGENCIES TO DRC- I hereby request and authorize you to release to Disability Resource Center at Foothill College, any information from your records which bears on the medical or health conditions and/or educational development pertaining to me. All information will be kept confidential and maintained as part of my records with DRC at Foothill College.

Name of Physician/Specialist/ Agency who can provide verification of disability:

Street Address _____

City/State/Zip _____

Phone Number _____ Fax Number _____

Email: _____