



LOS ANGELES PIERCE COLLEGE

AAC CONSENT TO RELEASE/EXCHANGE INFORMATION

Student Name: _____ **Student ID#:** _____

Date of Birth: _____ **Student Email:** _____

I authorize Los Angeles Pierce College, Academic Accommodations Center to release/exchange my records, which includes the following information below:

- Verification of Disability (IEP, 504 Plan, Medical Documentation, Etc.)
- Psycho-Educational Report
- Learning Disability Assessment
- Other (Please Specify): _____

Please release the above listed records to the individual, agency, or institution named below:

Name of Individual/Agency/Institution (Example: LAMC DSPS): _____

Contact Email: _____

FERPA RELEASE

I, _____ (student name), acknowledge that the Family Educational Rights & Privacy Act (FERPA) protects my right to privacy for my educational records including my LAPC Academic Accommodations student file.

With this understood: **I do** **I do NOT** give my consent/authorization for Pierce AAC staff to disclose my educational information to my parent(s), legal guardian, other, as designated below:

Name/Relationship: _____ Phone: _____

Name/Relationship: _____ Phone: _____

Student Signature: _____ **Date:** _____

Information on this form is being collected pursuant to California Education Code Sections 67310-67312, and 84850; and California Code of Regulations, Title V, Section 56000 et seq. The Los Angeles Community College District uses the information requested on this form for the purpose of determining student eligibility to receive authorized services. Personal information obtained through this form will be kept confidential in order to protect against unauthorized disclosure.

Date Received/AAC Staff Initials: _____

Date Processed/AAC Staff Initials: _____

Date Cranium Café Alert Added/ AAC Staff Initials: _____