

Disability Resource Center

Skyline College, Building 5, 5-132

T: (650) 738-4280, F: (650) 738-4228

Release of Information

Student Name: _____

Phone: _____ G#: _____

I hereby authorize

<input type="checkbox"/> Skyline College DRC	<input type="checkbox"/> Other: Name/Organization: _____ Phone: _____ Fax: _____ Address: _____ _____
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to release of the following information:

<input type="checkbox"/> Student records <input type="checkbox"/> Disability Verification <input type="checkbox"/> Learning Disability Assessment/Triennial <input type="checkbox"/> Other: _____
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Please provide the information to:

Name/Organization: _____ Phone: _____ Fax: _____ Address: _____ _____	<input type="checkbox"/> Skyline College, DRC 3300 College Dr., 5-132 San Bruno, CA 94066 Ph: (650) 738-4280 F: (650) 738-4228
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X _____ Date: _____
Signature