



ORANGE
COAST
COLLEGE

Accessibility Resource Center

Email: occarc@cccd.edu | Phone: (714) 432-5807
2701 Fairview Road, Costa Mesa, CA 92626

Consent for Parent/Guardian/Conservator Access

Student Information:

Full Name: _____ OCC ID# : C_____

Authorized Person Information:

Full Name: _____

Relationship to Student: _____

Email: _____ Phone: _____

Authorization Statement

I authorize the Orange Coast College Accessibility Resource Center (ARC) to release the information I have selected below to the individual(s) named above for the purposes I have indicated in this form. This release complies with the Family Educational Rights and Privacy Act of 1974 (FERPA) and Coast Community College District policy. Information will remain confidential in my ARC record, except when disclosure is required by law or for mandated State/Federal reporting.

Type of Information to be Disclosed: (check all that apply)

- ☐ Academic Accommodation Plan / Accommodations
 - ☐ Academic Information (Classes, Grades, Enrollment)
 - ☐ Clinical Documentation / Verification of Disability
 - ☐ LD Diagnostic Evaluation and Educational Test Data
 - ☐ Enrollment in ARC
 - ☐ Other (please specify): _____
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Purpose of Disclosure: (check all that apply)

- ☐ Academic Information
 - ☐ Clinical Documentation
 - ☐ Determining Eligibility and/or Accommodations
 - ☐ Discussing Accommodations/Services
 - ☐ Proof of Services Received from ARC
 - ☐ Other (please specify): _____
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Acknowledgements and Student Rights:

- Signing this form is *voluntary* and not required to receive or continue ARC services.
- Consent may be *revoked at any time* by written request to ARC.
- This authorization shall remain in effect during my enrollment at Orange Coast College or until revoked in writing, unless an earlier expiration is selected below.
- Once information is disclosed, it may be *re-disclosed by the recipient* and may no longer be protected under ARC or FERPA rules.
- Signing does *not cancel any rights* you have under other state or federal laws.
- A government-issued ID or an OCC school ID is required to be submitted with this document.

Consent Duration

- ☐ Expire upon graduation from Orange Coast College
 - ☐ Expire on: ____ / ____ / ____ (date)
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Student Authorization:

- ☐ Please attach a copy of a government-issued photo ID or your Orange Coast College student ID to this form.

I consent to the release of the information selected above to the person(s) listed for the purposes indicated.

Signature: _____ Date: _____

**This authorization is consistent with the requirements of the Family Educational Rights and Privacy Act (FERPA). For more information, visit the OCC FERPA page or contact the ARC office.*

<https://orangecoastcollege.edu/admissions-aid/enrollment/ferpa.html>

For ARC Office Use Only:

Received by: _____ Date: _____

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