



ORANGE  
COAST  
COLLEGE

## Accessibility Resource Center

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

# Consent for Release of Information

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### Student Information:

Full Name: \_\_\_\_\_ OCC ID# : C\_\_\_\_\_

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### I would like Orange Coast College (OCC) ARC to: (Check One)

☐ **Send my documents to the agency I list below.**

Please enter the School, Agency, Doctor's Office or other certifying professional here.

Agency Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

If you are requesting documents from your file at OCC ARC to be sent to you directly, please put your information here.

☐ **Request my documents from the agency I list below.**

☐ I understand that the OCC ARC Office will make an attempt to request documents from the school/agency; however, it is my responsibility as the student to follow up and make sure the school/agency sends over the documents.

☐ I understand that if I do not provide the correct contact information for my school/agency, OCC ARC will not be able to request my documents and my request will not be processed.

Please enter the School, Agency, Doctor's Office or other certifying professionals here:

Agency Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

I, the undersigned, consent to and request all appropriate persons, agencies and/or institutions to release information regarding myself consistent with the Federal Family Educational Rights and Privacy Act of 1974, or other laws, regulations, or policies of the Coast Community College District for use in educational/vocational planning. All information will be kept confidential and maintained as a part of my records within the Accessibility Resource Center office at the college. Selected information may be released for mandated State and/or Federal reports. I authorize the release of information which may include one or more of the following records:

- ☐ Academic Accommodation Plan / Accommodations
  - ☐ Clinical Documentation / Verification of Disability
  - ☐ LD Diagnostic Evaluation and Educational Test Data
  - ☐ Other (please specify): \_\_\_\_\_
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☐ By checking here I further give permission for ARC certificated professionals to discuss my educational situation with other professionals who have a legitimate educational need to know.

This authorization shall remain in effect during my enrollment or until revoked in writing.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For ARC Office Use Only:**

Received by: \_\_\_\_\_ 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>