



# Request for Information

## Accessibility Resource Centers for Students

To: \_\_\_\_\_  
(Name of physician/specialist/agency/school who can provide verification of disability)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_

I hereby request and authorize you to release to Accessibility Resource Centers for Students (ACCESS) at Mt. San Antonio College, any information from your records which bears on the medical, health or psychiatric conditions and/or educational development pertaining to me.

Mt. San Antonio Community College District uses the information requested for the purpose of determining a student's eligibility to receive authorized special services provided by ACCESS. Personal information recorded on this form will be kept confidential in order to protect against unauthorized disclosure.

Student's Name	Mt. SAC Student ID #	Date of Birth
Student's Address	City, State	Zip Code
Phone #		

This release is effective:  
for the duration of my college enrollment  
from \_\_\_\_\_ through \_\_\_\_\_

A copy of this release was requested by the student and was provided.

Portions of this information may be shared with the Chancellor's Office of the California Community Colleges or other state or federal agencies; however, disclosure to these parties is made in strict accordance with applicable statutes regarding confidentiality, including the Family Educational Rights and Privacy Act (20 U.S.C. § 1232g). The information on this form is being collected pursuant to California Education Code Sections 67310-67312, and 84850; and California Code of Regulations, Title 5, Section 56000 et seq. It also is in accordance with the Confidentiality of Medical Information Act, California Civil Code Section 56.11.

Signature of Student or Legal Representative \_\_\_\_\_ Date \_\_\_\_\_

**Mt. San Antonio College, Accessibility Resource Centers for Students**  
Student Services Center - Bldg. 9B, 1100 North Grand Avenue, Walnut, CA 91789  
Voice: (909) 274-4290 \* FAX: (909) 274-2943 \* Video Phone: (909) 895-6634