

Last Name First Name Student ID#

DSPS Consent for Release of Information Form

If you wish to discuss your information via phone or authorize us to release information to a specific third party, fill out this form, indicate the specific information that you would like to release, and submit it in person or via your my.cuesta.edu e-mail. This consent will be in place until you submit a signed statement revoking your consent.

SECTION A.	FERPA PIN	(required for ALL inquir	ries)		
Enter a 4 digit number that will serve as your FERPA Pin Number: ———————————————————————————————————					
SECTION B.	CTION B. Choose the type of information that you are giving us permission to discuss				
☐ Check here for all DSPS information or select categories below					
•	very out on by disability				
learning disability assessment					
•	 educational records including progress made, grades, enrollment information, and transcripts 				
•	 authorized accommodations and services received 				
•	 summaries of Specialist/Counselor meetings and discussions with instructors and other District staff 				
SECTION C. Authorization of release of the above information to a third party					
Check only ONE of the following boxes:					
☐ I do <u>not</u> give permission to release my information to anyone but myself.					
■ I would like to designate a third party to have access to the records identified and I have provided his/her information below. Note: some types of information will not be available via telephone. See Cuesta College's FERPA policy at http://cuesta.edu/student/aboutacad/acad_policies/ferpa.html					
Name (last, first, middle initial)					
Relation to Student			Any 4 digits the third party can remember (REQUIRED):		
SECTION D. Certification					
I, the undersigned, authorize Cuesta College to release any information I selected in Section B to myself (and a third-party designee if I have designated one in Section C). If I have chosen not to give permission to a third party, I expect access to my records will be restricted to those officials permitted access in the Family Educational Rights and Privacy Act (FERPA) of 1974, as amended. I am aware that I MUST provide the FERPA Pin Number I have selected in Section A before Cuesta College staff will release my information. Third parties MUST provide both my FERPA Pin and the four digit number associated					
with the third party indicated above.					
Student's si	gnature			Date	
Parent/Guardian's Signature (required for student under 18 years of age)				Date	