



## Disability Support Programs and Services

### Request for Information to be Sent

Recipient Name \_\_\_\_\_

Office \_\_\_\_\_

School or Agency \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Email \_\_\_\_\_

Fax \_\_\_\_\_

I, the undersigned, authorize Cuesta College to release information relating to services provided to me by the Disabled Student Programs and Services Department, while I was/am engaged in an academic and/or vocational program at the college. I am requesting the following records be released to the above-named party:

- Verification of Disability
- Cuesta College L.D. Assessment
- Academic Accommodation Plan
- Educational Limitations

**I understand that Cuesta College DSPS policy will not allow reports from other agencies to be released. I will make my request from the originating agency.**

Student Details	
Cuesta ID _____	Date _____
Date of Birth _____	
Student Signature _____	
Print Name _____	

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 (805) 546-3148  
 Fax: (805) 546-3963

#### North County Campus

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