



## Student Authorization to Release Documentation from SAS File

I, \_\_\_\_\_, hereby request and authorize the office of Student Accessibility Services at MiraCosta College, to release specific information (indicated below) from my record which bears on my medical/health condition and/or educational development, including Learning Disabilities Assessment, to the following party:

Name of Person/Organization \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Release to self, the student.

### Specific documents authorized to be released:

#### SAS Documentation

Learning Disability Assessment (MiraCosta)  
Academic Accommodation Letter  
Academic Accommodation Plan  
Student Educational Contract  
Other \_\_\_\_\_

#### Third-Party Documentation

*(Released to student only)*

Vocational Rehabilitation Plan  
Audiology or speech/lang. report  
K-12 Educational records (ie. IEP, 504)  
Psychological Testing/Eval Results  
Verification of disability  
Medical verification  
VA Reports/Records  
Learning Disability Assessment (Other Institutions)

**NOTE:** Per FERPA (Family Educational Rights and Privacy Act of 1974) regulations the institution has a period of up to 45 days to produce copies of a student educational record. SAS, with good faith effort, will have the copies of the specific records ready for mailing, student pickup, email or fax within five working days from the date on this request. Requests received by email, mail or fax **MUST** include a copy of your valid photo ID (driver's license, state ID, school ID).

I authorize release of the information indicated above from my student file.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
SURF ID