



San Luis Obispo County Community College District

Disabled Student Programs and Services

Request for Information to be Sent

Please print or type with blue or black ink

Send to:

Name

Office

School or Agency

Address

City, State, Zip Code

I, the undersigned, authorize Cuesta College to release information relating to services provide 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
- Student Educational Contract
- 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's Signature

Student's Social Security Number

Print Student's Name

Date