



# San Diego Miramar College Disability Support Programs and Services



## AUTHORIZATION FOR MIRAMAR COLLEGE TO RELEASE PERSONAL INFORMATION

I, the undersigned, hereby authorize the Disability Support Programs and Services department at San Diego Miramar College permission to release my records as indicated below.

\_\_\_\_\_ Verification of Disability Documents  
Initial

\_\_\_\_\_ SDCCCD DSPS Application and Services Agreement (valid for SD Mesa College,  
Initial SD City College, SD Continuing Education sites)

\_\_\_\_\_ Most recent Miramar College Authorized Academic Accommodation Letter  
Initial

\_\_\_\_\_ Release an official copy of my verification documents to me.  
Initial

\_\_\_\_\_ Release and send this verification documentation to:  
Initial

Name of Institution: \_\_\_\_\_

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

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Name (Print)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Student ID#

**PHOTO ID REQUIRED**