



San Diego Miramar College  
Disability Support Programs and Services



**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

I, the undersigned, hereby authorize the Disability Support Programs and Services department at San Diego Miramar College permission to release my records that support the verification of my disability.

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

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

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

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

City/State/Zip: \_\_\_\_\_

Phone#/Fax #: \_\_\_\_\_

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

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

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Date of Birth CSID#

**PHOTO ID REQUIRED**