

UNIVERSITY OF CALIFORNIA, BERKELEY

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SAN DIEGO • SAN FRANCISCO • SANTA BARBARA • SANTA CRUZ

FAX (510) 643-9686  
TEL. (510) 642-0518

DISABLED STUDENTS PROGRAM  
260 CESAR CHAVEZ STUDENT CENTER #4250  
BERKELEY, CALIFORNIA 94720-4250

**AUTHORIZATION TO RELEASE PRIVATE INFORMATION**

This release has been devised to protect your rights to privacy. Please note that the release specifies with whom information about you may be exchanged, and the purpose, nature or extent of the information. Please be sure all blanks are filled in before you sign.

I authorize:

to exchange private information with:

(Address)

Purpose, nature and extent of information:

Valid from date signed, but not beyond

Date:

Signature:

Today's Date:

Student's Name (printed):

Student's Address:

Telephone:

**Any information you authorize other persons to release to the Disabled Students' Program will not be released to others outside the University without your specific permission. Any information you have authorized us to release is limited to the purpose and party stated above. It may not be released to any other party. This consent is subject to revocation at any time, except to the extent that action has been taken relying on this authorization. Further information about your privacy rights is available in the UC Berkeley Policy Governing Disclosure of Information From Student Records.**