



## DISABLED STUDENTS' PROGRAM FERPA FORM

This form is valid for up to one year.

I authorize \_\_\_\_\_

to exchange private information with \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

I authorize the release of information to include one or more of the following records:

### Student Initials

- \_\_\_\_\_ Letters of Accommodations
- \_\_\_\_\_ Verification of Disability
- \_\_\_\_\_ Evaluation/ Assessment Results
- \_\_\_\_\_ Other (specify): \_\_\_\_\_

**Select Current Semester**                  Fall                          Spring                          Summer

Signature: \_\_\_\_\_                  SID: \_\_\_\_\_                  Today's Date: \_\_\_\_\_

**NOTE: Student must sign in the presence of a DSP Specialist.**

### Student's Info

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

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. Please note that although a student's completion of this form gives DSP the option of communicating otherwise confidential information to the party stated above, DSP reserves the right to directly interact with the student with the disability, and to rely upon information and responses from the student when making decisions as to what is an appropriate accommodation for the student. This consent is subject to revocation at anytime, except to the extent that action has been taken relying on this authorization. Further information about the student's privacy rights is available in the UC Berkeley Policy Governing Disclosure of Information From Student Records.