# Authorization to Exchange Information

## Programs and Services for Students with Disabilities (PSSD)

## Berkeley City College

In accordance with the Family Educational Rights and Privacy Act (FERPA), PSSD requires written permission from a student to disclose personally identifiable information to a third party. By filling out this form, you give permission for PSSD staff to exchange information with others. PSSD keeps all disability information confidential and protected from disclosure unless given expressed authorization to release information by the student.

### Authorized Individual or Agency for Information Exchange

|  |  |
| --- | --- |
| Agency Name (if applicable) | Phone Number |
| booyah |  |
| Name of Person | Relationship |
|  |  |

I authorize Programs and Services for Students with Disabilities (PSSD) to exchange information with the above named person or organization for the specific type of information to be shared (check all that apply):

Learning disabilities assessment

Academic accommodations and educational limitations

Educational progress and/or academic records

Career or vocational information/planning

Record for eligibility of services

Other: \_     \_\_\_

I further understand that PSSD certificated program staff may discuss my educational situation with other college professionals who have a legitimate educational need to know.

### Expiration of Authorization to Exchange Information

Check one:

End of academic term

When I have not registered for more than 2 sequential semesters

Revoke authorization when a written request is submitted to PSSD

|  |  |
| --- | --- |
| Student Signature | |
| X | |
| Printed Name of Student | Date |
|  |  |

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