



**REQUEST FOR RELEASE OF CONFIDENTIAL RECORDS FROM
DISABILITY ACCOMMODATIONS & SUPPORT SERVICES**

Date of Request: _____ Student Name: _____

Student ID Number: _____ Student Phone Number: _____

I, _____, am requesting release of confidential records from California State University Channel Islands Disability Accommodations & Support Services. I understand that DASS and related organizations are required by law to keep my disability information confidential. I acknowledge that release and authorization for disclosure of my protected disability information to someone who is not legally required to keep information confidential as well as information in transit, means that my information may no longer be protected by state or federal confidentiality laws. I am aware that DASS will not release my requested records to any third party sources, and instead will only release the records directly to me. I am also aware that this request may take up to 10 business days for processing.

I am requesting the following (please choose one):

☐ Information requested for standardized testing (i.e., GRE, LSAT, GMAT, etc...).

Students must also include the form to be completed with this request.

☐ Summary of my approved disability accommodations at CI

☐ Verification letter confirming my registration with DASS

☐ Copy of my documentation

☐ Other _____

Preferred delivery method of disability file:

☐ I will pick up file at DASS ☐ Send file electronically _____
Email Address

By signing below, I acknowledge that I have read and understand the information above and implications regarding confidentiality.

Signature of student OR legal guardian/authorized person

Date