



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):

- Verification of my registration with DASS.
Verification of my approved disability accommodations at CI.
Confirmation of my diagnosis.
Copy of my documentation.
Other

Documents will be delivered via:
I will pick up at DASS office.
Email documents to me at:

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