## THIS SECTION MUST BE COMPLETED BY THE STUDENT

Name:			Soc. Sec/I.D. #:	
Address:				
Date of Application:	Te	lephone #:	D.O.B.:	
[,	, authorize the rele	ease of information from	n	
student signature regarding my disability(ies) to Los	s Medanos College. A	All information will be	agencies/school kept confidential and maintained as a part of my (DSP&S) office. I authorize the release of information	
		•	ressional designated below complete this form:	
Name of Licensed or Certified Pro-	fessional:	•	Phone #:	
Address:				
THIS SECTION MUST B	E COMPLETED	BY A LICENSEI	O OR CERTIFIED PROFESSIONAL	
<ol> <li>Diagnosis:</li></ol>	f applicable)			
4. Condition is:	Stable	Prone to exacerbation	on	
· <u></u>	Permanent/Chronic Temporary	(date of re-evaluation	on or estimated duration of disability)	
			ed below should be attached and returned to ad, Pittsburg, CA 94565	
<ul><li>Psychological testing</li><li>Vocational Rehabilita</li><li>Individual Education</li></ul>	and evaluation restation Plan Plan (IEP)	sults.	esting that led to the diagnosis.	
Other:	essment, psycholo	ogical, of inecical to	isting that led to the diagnosis.	
I understand that the information released to the student upon their		rifying professional be	ecomes part of the student's record & may be	
Signature of verifying license	d or certified professi	onal	Date	
If the above information, is completed by so the diagnosis below:	omeone other than the profe	essional who made the diagno	osis, please provide the name and address of the person who made	
Nar	me	Address		

The Contra Costa Community College District uses the information requested on this form for the purpose of determining a student's eligibility to receive authorized special services provided by the Disabled Students Programs and Services (DSP&S) Program. Personal information recorded on this form will be kept confidential in order to protect against unauthorized disclosure. Portions of this information may be shared with the Chancellor's Office of the California Community Colleges or other state or federal agencies; however, disclosure to these parties is made in strict accordance with applicable statutes regarding confidentiality, including the Family Educational Rights and Privacy Act (20 U.S.C. 1232 (g)). Pursuant to Section 7 of the Federal Privacy Act (Public Law 93-579; 5 U.S.C. § 552a, note), providing your social security number is voluntary. The information on this form is being collected pursuant to California Educational Code Sections 67310-67312, and 84850; and California Code of Regulations, Title 5, Section 56000, et seq.