



**San Diego Miramar College
Disability Support Programs and Services**



**AUTHORIZATION FOR MIRAMAR COLLEGE TO RELEASE
PERSONAL INFORMATION**

I, the undersigned, hereby authorize the Disability Support Programs and Services department at San Diego Miramar College permission to release my records as indicated below.

_____ Verification of Disability Documents
Initial

_____ Most recent Miramar College Authorized Academic Accommodation Letter
Initial

_____ Release a copy of the above marked document(s) to me.
Initial

_____ Release a copy of the above marked document(s) to:
Initial

Name of Institution: _____

Email Address: _____

Student's Signature

Date

Student's Name (Print)

Phone Number

Date of Birth

Student ID#

PHOTO ID REQUIRED