



San Diego Miramar College Disability Support Programs and Services



AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, the undersigned, hereby authorize the Disability Support Programs and Services department at San Diego Miramar College permission to release my records that support the verification of my disability.

_____ Release an official copy of my verification documents to me.
Initial

_____ Release and send this verification documentation to:
Initial

Name of Institution: _____

Address: _____

City/State/Zip: _____

Phone#/Fax #: _____

Student's Signature Date

Student's Name (Print) Phone Number

Address

City State Zip Code

Date of Birth CSID#

PHOTO ID REQUIRED