



**LOS ANGELES VALLEY COLLEGE  
SERVICES FOR STUDENTS WITH DISABILITIES**

5800 Fulton Avenue • Valley Glen • CA • 91401  
Phone: (818) 947-2681 • Fax: (818) 778-5775  
E-mail: [ssd@lavc.edu](mailto:ssd@lavc.edu)

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby authorize Los Angeles Valley College, Services for Students with Disabilities, to release information concerning my disability.

Information Requested / Special Instructions: (please specify)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please mail / fax / email my information to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I will pick up my information. Please call me when it is ready for pick up.

My phone/contact number is: ( ) \_\_\_\_\_

Student's Name: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_  
(If student is under 18 years of age)

Student ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

FOR OFFICE USE ONLY:

SSD copies:  Mailed / Faxed / Emailed

Called Student to pick up documents Initial & Date: \_\_\_\_\_

Picked up by student SSD Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_