Humboldt.

Campus Disability Resource Center

Student FERPA Release Form

The Family Educational Rights and Privacy Act (FERPA) ¹	protects student records and explicitly requires Humboldt to obtain
written permission to release information.	

* Indicates Rec	juired Field				
Name: *		Humboldt ID#: *			
Address: *					
City: *		State: *	Zip Code: *		
I hereby a	uthorize the release of medical	information:			
agency name	sent for Cal Poly Humboldt's Campus Disa d below (i.e., physician, college/universit e of signature or upon receipt by Humbo	y, parent/guardian, etc	.). NOTE: This release expires	•	
TO/FROM:					
Name: *					
Address: *					
City: *		State: *	Zip Code: *		
Phone: *	Fax:				
Purpose of Re	elease: *				
Confi	rmation of CDRC program participation.				
Disab	Disability information, services received, and history of accommodations approved at Cal Poly Humboldt.				
All CE	DRC information within my records				
Othe	r:				
Student Signa	iture: *	Date	:: *		
				Revised Feb 2024	

¹ Family Educational Rights and Privacy Act (FERPA): <u>https://registrar.humboldt.edu/privacy</u>

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H.