



Student Authorization to
Release Documentation from **SAS** File

I, _____, hereby request and authorize the office of Student Accessibility Services at MiraCosta College, to release specific information (indicated below) from my record which bears on my medical/health condition and/or educational development, including Learning Disabilities Assessment, to the following party:

Name of Person/Organization _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Release to self, the student.

Specific documents authorized to be released:

SAS Documentation

Third-Party Documentation
(Released to student only)

Learning Disability Assessment (MiraCosta)