

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 Required Field

Name: *

Humboldt ID#: *

Address: *

City: *

State: *

Zip Code: *

I hereby authorize the release of medical information:

I give my consent for Cal Poly Humboldt's Campus Disability Resource Center to RELEASE INFORMATION TO the person or agency named below (i.e., physician, college/university, parent/guardian, etc.). **NOTE: This release expires 12 months from the date of signature or upon receipt by Humboldt of the student's revocation.**

TO/FROM:

Name: *

Address: *

City: *

State: *

Zip Code: *

Phone: *

Fax:

Purpose of Release: *

Confirmation of CDRC program participation.

Disability information, services received, and history of accommodations approved at Cal Poly Humboldt.

All CDRC information within my records

Other:

Student Signature: *

Date: *

Revised Feb 2024

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