PALOMAR COLLEGE
Learning for Success

Shauna K. Moriarty, Ed. D
Director
Disability Resource Center
smoriarty@palomar.edu
(760) 744-1150 ext 2376

Authorization for Release of Information

School Year: _____

This is to authorize the person listed below to obtain information contained in my DRC, student enrollment, financial aid and scholarships records. I hereby authorize the DRC to allow the person named below to make and cancel appointments, discuss my class schedule and inquire about my DRC services. I understand that if I wish to cancel/void this authorization earlier than the school year stated above, I have the responsibility of informing the DRC in writing.

_____ _____
Student Name **Signature**

_____ _____
Student I.D. **Date**

_____
Print Name of Person Receiving Access

Relationship: ☐Spouse ☐Parent ☐Brother/Sister ☐Other _____

Official Use Only:

Palomar College Staff Must Confirm Student's Valid Identification. Student must show one (1) of these forms of Identification:

Palomar ID Card/#: _____

State Identification Card State/#: _____

Other: _____ _____
Description Number

_____ _____
DRC Staff Signature Date

Notes:_____
_____

1140 West Mission Road
San Marcos, CA 92069-1487
760/744-1150 or 760/727-7529
www.palomar.edu