



California State University, Long Beach - Bob Murphy Access Center

1250 Bellflower Boulevard, SSC-110, Long Beach, CA 90804-0108

Office: (562) 985-5401 | Fax: (562) 985-7183 | Website: www.csulb.edu/BMAC

Consent to Release Information

Student Name:

Birthdate:

ID#:

Select one: Any BMAC Staff BMAC Staff Member (specify):

This **Consent to Release Information** authorizes information from my records to be shared between the Bob Murphy Access Center (BMAC) and/or the specified BMAC staff member listed above and the following person, department, agency, and/or school:

Self or Contact Person/Staff	Department, Agency, or School <i>(if applicable)</i>		
Address	City	State	Zip
Phone	Fax and/or Email		

I hereby authorize BMAC and/or the contact listed above, permission to share the following information: *(Student initials below)*

- Letter of Disability Verification as a Registered BMAC Student
- Letter of Approved Accommodations/Services
- Disability Documentation *(i.e. medical or psychological)*
- Learning Disability Assessments/Results *(WAIS IV, WJ IV, WRAT-4, Nelson Denny)*
- Counseling Consultation *(i.e. CSULB departments, CAPS, therapist, doctor, etc.)*
- Parent Consultation *(communication with parent, legal guardian, or other)*
- Specify/Other:*

Check box: via **Fax** via **Email** via **Phone** via **Office Pick-up**

This consent may be revoked by the undersigned at any time, except to the extent that action to obtain information has already been taken. If not earlier revoked, this consent shall terminate one year from the date of the student’s signature. Students have the right to receive a copy of this release.

Student’s Signature	Date
BMAC Staff Signature & Title	Date

A photo or digital copy, scan or fax of this authorization shall be considered valid.