

DISABLED STUDENT PROGRAMS & SERVICES (DSPS)

GENERAL CONSENT FORM

The Information Practices Act of 1977 (Civil Code Sections 1798, et seq.) and the Federal Privacy Act (Public Law 93-579) require that a notice be provided when collecting personal information from individuals. The Community College District and the State of California use information requested on our forms for the sole purpose of identifying the student authorized to receive special services. Personal information recorded on this form will be kept confidential in order to protect against unauthorized disclosure. Portions of this information may be transferred to other state and public agencies; however, disclosure to these parties is done in a strict accordance with current statutes regarding confidentiality. Providing personal information is strictly voluntary.

The laws of the State of California require us to make a report when a clear issue of safety is reported to us. The limits of confidentiality are as follows:

- If in the opinion of the interviewer, you appear to be a threat to yourself or others.
- If you report an incident of child abuse, elder abuse, or abuse of a dependent adult.

If you have any questions about the reporting laws, please ask your interviewer/DSPS specialist to clarify them for you.

I understand this information and agree to complete the intake with DSPS to determine eligibility of services.

Print Name: _____ Date: _____

Signature: _____

Parent's signature (for students under 18): _____