



Office for Students with Disabilities

Phone: (661) 722-6360, Fax: (661) 722-6361, Email: OSD@avc.edu

REQUEST FOR RELEASE OF RECORDS

Date: _____

I, _____, Date of Birth _____ request that a copy of my OSD disability verification records be released to the individuals indicated below:

_____ Me My email address: _____

_____ Others*

*If you checked 'Others', please provide their full names and email addresses below:

Name:

Email Address:

Signature of Student

AVC Student ID #: _____