City College of San Francisco Disabled Students Programs & Services

AUTHORIZATION FOR RELEASE OF INFORMATION (AFROI)

Student's Name	Last		First		Middle Initial
Maiden Name or Othe					Wilder France.
1710134011111111111111111111111111111111	J. 0022	Last	First		Middle Initial
CCSF ID#				Date of Birth	Month/Day/Year
I, the undersigned, consent to and request that the parties named below exchange and discuss information regarding my educational and vocational plans, which may include testing and evaluation results. I further understand that the information shared among the parties will remain strictly confidential.					
Name				Agency/Department	
Name				Agency/Department	
Name				Agency/Department	
s	Signature of Stud	dent			Date
Signature of Parent or Guardian (required for students under 18 years of age)					 Date