



WESTMONT

Confidentiality Agreement

I understand that all information maintained by the Disability Services office is part of my educational record and as such is protected by the Federal Family Educational Rights and Privacy Act (FERPA of 1974). According to that Act, information contained in my education records may be shared with other campus officials and employees with responsibilities related to academic, administrative or service functions who have a legitimate educational interest in such access.

No information regarding a student’s disability or use of services will be released to parties outside of the Disability Services office, except as noted below, without prior written consent:

- If a college official has a legitimate educational interest in a student record
- In extreme situations where immediate harm to self or others may result, the law requires the essential information be reported to the appropriate parties
- When the student requests that this information be disclosed to a third party
- When required by a court order

For a complete listing of exceptions to the nondisclosure rule, the *Privacy Rights* of the *Westmont College Student Handbook* found online at:

http://www.westmont.edu/student_life/student_handbook/index.html

I have read and understand the following information *(please check each)*:

- Confidentiality Agreement (this form)
- Documentation Requirements
- Student Rights and Responsibilities
- Grievance Procedure

Optional: Indicate any additional individuals that we may contact or talk to regarding your current condition and/or academic progress.

Name	Relationship	Contact Phone or Email
_____	_____	_____
_____	_____	_____
_____	_____	_____

My signature indicates that I have been provided with the above information.

Student signature Date

Parent/Guardian Signature required if student is under 18 Date