

West Los Angeles College- Disabled Student Programs and Services  
9000 Overland Avenue  
Culver City, CA 90230  
Attn: Danielle Sheppard; Office: 310-287-4284  
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### **Authorization/Exchange of Information**

To be completed by C2C applicant

I, \_\_\_\_\_, authorize (please initial all that apply)

Applicant's name, please print

- \_\_\_ Regional Center \_\_\_\_\_  
\_\_\_ Department of Rehabilitation \_\_\_\_\_  
\_\_\_ High School \_\_\_\_\_  
\_\_\_ Other \_\_\_\_\_

To release and/or discuss any or all of the documentation listed below. I understand this information is confidential and will be used for the purpose of determining my eligibility to apply for admission to the College to Career Program at West Los Angeles College. Should I be admitted to the C2C Program, this information may also be used to determine appropriate vocational evaluations, inform vocational/educational decisions, and to determine vocational and/or disability related services. This consent applies until: \_\_\_\_\_ or until I withdraw my consent in writing.

\_\_\_\_\_  
C2C Applicant Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Conservator's Name (if applicable)

\_\_\_\_\_  
Date

### **C2C Request for Verification of Disability**

*To be completed by a C2C Staff Member*

Name of Releasing Agency/School:

Contact Person:

Phone:

\_\_\_\_\_ is applying to the College to Career Program at West Los Angeles College.

To assist us with eligibility **please provide all indicated documentation as available:**

- |  |  |
|--|--|
| <input type="checkbox"/> Individual Plan for Employment (IPE)          | <input type="checkbox"/> Regional Center Eligibility Statement |
| <input type="checkbox"/> Employment Record                             | <input type="checkbox"/> Diagnostic Assessments                |
| <input type="checkbox"/> Individual Transition Plan (ITP)              | <input type="checkbox"/> Medical Verification of Disability    |
| <input type="checkbox"/> Individual Program Plan (IPP)                 | <input type="checkbox"/> Psychiatric/Psychological Evaluation  |
| <input type="checkbox"/> Client Diagnostic Evaluation Report<br>(CDER) | <input type="checkbox"/> Vocational Evaluation                 |