



NORTH LOS ANGELES COUNTY REGIONAL CENTER

9200 Oakdale Ave., Suite 100 • Chatsworth, CA 91311

RELEASE OF INFORMATION FORM DISNEYLAND COMMUNITY INVOLVEMENT PROGRAM

Please complete this form and e-mail to: Disneyinfo@nlacrc.org

I hereby authorize the NORTH LOS ANGELES COUNTY REGIONAL CENTER and/or its designated employees to release my information below to **Disneyland Resorts Public Information Community Involvement Program**. Please be sure to include the appropriate signatures when submitting this form.

The information to be released will indicate that you or your family member is a consumer of North Los Angeles County Regional Center. THIS RELEASE OF INFORMATION WILL CONTINUE TO REMAIN IN EFFECT, AND WILL BE ANNUALLY PROVIDED BY NLACRC TO DISNEYLAND, UNTIL (I) YOU NOTIFY NLACRC IN WRITING THAT YOU NO LONGER WANT NLACRC TO RELEASE THIS INFORMATION TO DISNEYLAND OR (II) YOU CEASE TO BE A NLACRC CONSUMER. Please note that you are responsible for informing NLACRC if your contact information changes.

Please release information regarding (**please print or type**):

Consumer's Name _____ Date of Birth: _____

Address: _____ Phone Number: _____

City, State & Zip Code: _____

Consumer Service Coordinator's (CSC) Name: _____

*Consumer or Parent E-mail address: _____

(*required to participate) if your email contains numbers, please write them clearly

Client Signature (if over 18 years of age) _____ Date _____

Parent/Legal Guardian Signature _____ Date _____

Print name of Parent/Legal Guardian _____

If you have questions, please send an e-mail to disneyinfo@nlacrc.org.

NLACRC cannot guarantee that everyone who completes a Release of Information form will be able to obtain Disneyland tickets.

For NLACRC use only: UCI# _____ Date recvd: _____