





## CONSENT FOR RELEASE OF INFORMATION

Name:

Date of Birth:

Student ID#:

Other Names Used:

**RELEASE:** I, the undersigned consent to and request all appropriate persons and/or agencies or institutions to release information regarding myself consistent with the Federal Family Educational Rights & Privacy Act of 1974, or other laws, regulations, or policies to **Long Beach City College** for use in educational and vocational planning. All information will be kept **CONFIDENTIAL** and maintained as part of my records with the CalWORKs Program at the college.

I give Long Beach City College staff permission to disclose information about me to qualified individuals from other agencies regarding: CalWORKs/GAIN Compliance Issues, School Attendance, Academic Progress, Assessment Results, Child Care Issues, Social Services, GAIN, Child Care Resources Centers and/or other required to be contacted for the benefit of the student. I, the undersigned, acknowledge and agree to the terms of the above.

***I authorize the Department of Public Social Services to release the information requested in this form to Long Beach City College Personnel, as well as any additional information requested relative to my case.***

A photocopy of this authorization will be accepted with the same authority as the original.

This authorization shall remain in effect during my enrollment or until revoked in writing by the undersigned.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date Signed