



# CONSENT FOR RELEASE OF INFORMATION



Name \_\_\_\_\_  
Last First Middle

SJDC ID Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
MM/DD/YYYY

CalWORKs Case Number \_\_\_\_\_

Maiden Name or Other Used \_\_\_\_\_  
Last First Middle

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 and Privacy Act of 1974, or other laws, regulations, or policies to San Joaquin Delta College for use in educational/vocational planning. All information will be kept confidential and maintained as part of my records with the CalWORKs Office at the college. I authorize the release of information to include the following:

- CalWORKs/TANF eligibility documents.
- Education and occupational assessment and evaluation.
- Current employment status.
- Educational records, including progress.
- Release of information to Human Service Agency CalWORKs staff.
- Release of information to WorkNet of San Joaquin County staff.
- Other: \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Student Date

\_\_\_\_\_  
Signature of Parent or Guardian (Required for Students Under 18 Years of Age) Date

