



Ohlone College

CONSENT TO RELEASE INFORMATION

Student's Full Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

DOB \_\_\_\_\_ Phone # \_\_\_\_\_

I hereby request and authorize Ohlone College to release or exchange information regarding my enrollment, attendance, academic progress, disability, educational goals, and any information necessary to qualify for any and all services that the CalWORKs Program, and agencies directly linked to the CalWORKs Program has to offer.

This release is effective for any information, as it pertains to my educational goals, held with Ohlone College including departments within Ohlone College (EOPS; CARE; Financial Aid; DSPS; Admissions and Records) and Alameda or Santa Clara County Department of Social Services.

All information needed to be verified for my application will be held in strict confidence and according to federal law.

\_\_\_\_ I understand my rights in signing this form.

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

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_