



Monterey Peninsula College
Consent for Release of Personal/Confidential Information

Pursuant to the Federal Educational Rights and Privacy Act, the California Education Code and the California Administrative Code Title V, the colleges in this district established and maintain information on students, relevant to, admission, registration, academic history, career, students benefits or services, extra curricular activities, counseling and guidance, discipline or matters related to student conduct, and shall establish and maintain such information required by law.

Student records are maintained in a manner to insure privacy of all such information and the colleges of this district shall not, except as authorized, permit any access to or release of any information therein.

In order to help me further my educational and career goals, I am authorizing the CalWORKs staff to share information about me to qualified staff from other Monterey Peninsula college Department, Department of Social Services, and the CWES offices In the Monterey County on a need-to-know basis.
PLEASE INITIAL NEXT TO EACH CATEGORY BELOW.

- | | | |
|--|---|---|
| <input type="checkbox"/> Attendance | <input type="checkbox"/> Financial Aid Award Letter | <input type="checkbox"/> Childcare information |
| <input type="checkbox"/> Case notes upon request | <input type="checkbox"/> Term Grade/Transcripts | <input type="checkbox"/> Current Class Schedule |
| <input type="checkbox"/> Assessment Results | <input type="checkbox"/> Social Security No. | <input type="checkbox"/> Work Schedule |
| <input type="checkbox"/> Welfare-to-Work Plan | | |
| <input type="checkbox"/> Verification of certificate of AA/AS degree | | |
| <input type="checkbox"/> MPC Personal w/a need to know | | |

In order to help the program monitor student's progress, I am authorizing the MPC CalWORKs staff to request employment information such as:

- Employer Address, Phone Number
- Supervisor's Name, Date of Hire, Number of hours working, End Dates
- Job Title, Salary, Promotion

This consent for release shall remain in effect until withdrawn by me or I am no longer enrolled at MPC. I acknowledge receipt of a copy of this consent form.

Print Name: _____

Student's Signature: _____ Date: _____

Social Security Number _____ - _____ - _____ Student ID#: _____ - _____ - _____

CalWORKs Staff Signature: _____ Date: _____