



STUDENT RELEASE OF INFORMATION

Columbia College CARE PROGRAM 11600 Columbia College Drive, Sonoma CA 95370
Ph: (209) 588 - 5130 Fax: (209) 588-5058



I give permission to the **Department of Social Services** in the following county to release the information requested on the **CARE Eligibility Documentation** form. It is my understanding that the information will be either faxed or emailed to the EOPS/CARE (Special Programs) Office and treated in a confidential manner by the CARE program staff. The information will be used exclusively for CARE eligibility determination. Refer to the **CARE Eligibility Documentation** accompanying this fax submittal.

Date: _____

County: Tuolumne Calaveras Stanislaus Amador

Student Name: _____

Date of birth: _____

Case Number: _____

Student signature: _____

Comments (if any): _____